



SINGAPORE CHINESE GIRLS' SCHOOL ALUMNI

190 DUNEARN ROAD • SINGAPORE 309437 • TELEPHONE 62527966 • FAX 62523076
EMAIL: SCGSALUMNI@GMAIL.COM

LIFE MEMBERSHIP APPLICATION FORM

- MOE regulations state that if you wish to qualify for Phase 2A1 of the Primary 1 Registration, you must be an Alumni member of the School before 30th June of the preceding year. Please submit completed application form and all supporting documents no later than **1st January** in the year preceding the year of registration, e.g. 1st January 2016 for registration in 2017. Terms and conditions apply.
- To qualify as a member, you must have studied at least 3 consecutive years in SCGS. For applicants who studied in the :-
 - Primary School, please submit copy of (1) PSLE Certificate; **and** (2) Primary School Report Book, **both** of which **must be** certified by the School;
 - Secondary School, please submit a copy of (1) SCGS Leaving Certificate **or** Testimonial; **and** (2) GCE 'O' Level Examination Certificate.
- Applications will only be processed upon receipt of the duly completed Application Form, payment and all documents required under this Application. Please allow 6 months for processing, following which the Alumni will contact you on the outcome of your application.
- We reserve the right to request for more information from you for purposes of verification of the details in your application and to accept or decline any application without providing any reason therefor.
- The decision of the Membership Approval Committee on your eligibility shall be final and no appeal or further queries will be entertained.

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

MADREN NAME : <small>Miss/Ms/Mrs/Mdm/Dr* (Please underline surname)</small>																					
HANYU PINYIN NAME :																					
NRIC NO.:	S	1	2	3	4	5	6	7	A	DATE OF BIRTH :	D	D	-	M	M	-	Y	Y	Y	Y	
HOME ADDRESS: <small>(Please provide local address if residing overseas) Correspondence will be sent via email unless otherwise indicated below.</small>																					
		POSTAL CODE :																			
TEL : HOME :											MOBILE :										
EMAIL ADDRESS: <small>(Please write clearly in BLOCK letters)</small>																					
EMPLOYER :																					
OCCUPATION :																					
OFFICE ADDRESS:																					
		POSTAL CODE :																			
IN SCGS FROM :		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
TO :		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
1st REFEREE **		NAME :										MEMBERSHIP NO :		L							
** Referees must be existing SCGS Alumni members or SCGS teachers or SCGS principals.		TEL :										MEMBERSHIP NO :		L							
		EMAIL :										MEMBERSHIP NO :		L							
		RELATIONSHIP :																			
2nd REFEREE **		NAME :										MEMBERSHIP NO :		L							
** Referees must be existing SCGS Alumni members or SCGS teachers or SCGS principals.		TEL :										MEMBERSHIP NO :		L							
		EMAIL :										MEMBERSHIP NO :		L							
		RELATIONSHIP :																			
NAME OF SCGS SIBLINGS (if any):																					
MEMBERSHIP FEE : \$300.00 (19 - 25 years old) / \$500.00 (above 25 years old). Cheques should be made payable to SCGS ALUMNI.																					
PAYMENT ATTACHED : BANK / CHEQUE NO :												DATED :									
BY SUBMITTING THIS APPLICATION FORM, I HEREBY GIVE MY CONSENT TO SCGS ALUMNI TO COLLECT, USE AND DISCLOSE RELEVANT INFORMATION TO APPLICABLE PARTIES FOR THE PURPOSE OF PROCESSING MY APPLICATION, AND TO EMAIL, CALL AND / OR TEXT ME. I ALSO UNDERSTAND THAT DATA WILL BE SHARED WITH THE SCHOOL FOR RECORD PURPOSES.																					
																				APPLICANT'S SIGNATURE / DATE	

Please paste original passport sized photo here.

* Please delete where applicable

CORRESPONDENCE ADDRESS, BY DEFAULT : EMAIL

DOCUMENTS ATTACHED (Please tick) :

- | | | | | | | | | | | |
|-----------------------|--------------------------|---|--------------------------|---------------------------------------|--------------------------|------------------|--------------------------|----------|--------------------------|----------|
| a) Primary School : | <input type="checkbox"/> | PSLE Certificate, certified | <input type="checkbox"/> | Primary School Report Book, certified | <input type="checkbox"/> | Cheque | <input type="checkbox"/> | Referees | | |
| b) Secondary School : | <input type="checkbox"/> | * SCGS Leaving Certificate or Testimonial | <input type="checkbox"/> | GCE 'O' Level Certificate | <input type="checkbox"/> | Grad Certificate | <input type="checkbox"/> | Cheque | <input type="checkbox"/> | Referees |

FOR OFFICIAL USE

Date Received: / /	Life Membership No. Assigned:	Checked By/Date:
Processed By/Date:	Remarks:	Date Approved: