



PWD-BCA CLUB

585 SERANGOON ROAD SINGAPORE 218199 TEL: 62955681 FAX : 62955923

ASSOCIATE MEMBERSHIP APPLICATION FORM

Honorary Secretary
PWD-BCA CLUB

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IC no. at the back of
photograph

Dear Sir

I wish to apply for Associate Membership of the PWD-BCA Club. I agree to abide by the Rules, Regulations and By-Laws of the Club.

I enclosed herewith the sum of \$36, in payment of my annual subscription for associate membership in PWD-BCA Club for the year _____.

Full Name in BLOCK LETTERS: *Mr/Mrs/Miss/Mdm _____

NRIC No: _____ Occupation : _____

Contact Number: _____ (Office) _____ (Home) _____ (Pager/HP)

Home Address: _____

Name of Organisation : _____

Office Address: _____

E-mail Address : _____ Interests : _____

Date of Application: _____ Applicant's Signature: _____

Name of Proposer :		Name of Seconder :	
Membership No :		Membership No :	
Signature :		Signature :	

FOR OFFICIAL USE ONLY

Membership with effect from: _____ Accepted/Rejected on: _____

Membership No: A _____ Approved by: _____
Chairman, Membership Committee

NOTE: 1. Both the proposer and seconder of this application must be Life or Ordinary Members of the Club

2. Annual Subscription Rate : \$36.00

* Delete whichever is not applicable.