585 SERANGOON ROAD SINGAPORE 218199 TEL: 62955923 FAX: 62952598

## **LIFE MEMBERSHIP APPLICATION FORM**

Honorary Secretary PWD-BCA CLUB

Dear Sir

## Recent Photo

Please do not paste. Write your name, IC no. at the back of photograph OR send your digital photo via email

I wish to apply for Life Membership of the PWD-BCA Club.

- \* I hereby declare that I am attached to a present Department of the Building and Construction Authority or past Branch of the Public Works Department and I have been an Ordinary Member of the PWD-BCA Club (previously known as PWD Club) for not less than five years continuously.
- \* I hereby declare that I was an employee of the Public Works Department and have been an Ordinary Member of the PWD-BCA Club (previously known as PWD Club) for not less than five years continuously and I am currently employed in the Civil Service, a Statutory Board or a company approved by the Club's Management Committee.

I agree to abide by the Rules, Regulations and By-Laws of the Club.

I enclose herewith the sum of two hundred dollars (\$200/-) being one-time payment for Life Membership.

Full Name in BLOCK LETTE	RS: *Mr/Mrs/Miss/Md	lm	
IRIC No: Designation /Divisional Status :			
Contact Number :	(Office)	(Home)	_(Pager/HP)
Home Address:			
Ordinary Membership No:	Age : _	Number of years as member	:
BCA Department (present)/PV	VD Branch (past):		
Date of Application:	Applica	nt's Signature:	
	FOR OFFICIAL	USE ONLY	
Membership with effect from:		Accepted/Rejected on:	
Membership No: L		Approved by: Chairman, Membership Committee	

<sup>\*</sup> Delete whichever is not applicable.