

PWD-BCA CLUB

585 SERANGOON ROAD SINGAPORE 218199 TEL: 62955923 FAX: 62952598

APPLICATION FOR ORDINARY MEMBERSHIP

Honorary Secretary PWD-BCA CLUB

Dear Sir

Please do not paste. Write your name, IC no. at the back of photograph

Recent Photo

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

* I enclosed herewith the subscription form to authorise the payment of subscription of \$36 from the year of ______ through deduction from my salary and once a year, in payment of my annual subscription for ordinary membership in the PWD-BCA Club.

Full Name in BLOCK LETTE	RS: *Mr/Mrs/Miss/Me	dm	
NRIC No :	Designation/ Divisional Status:		
Contact number :	(Office)	(Home)	(Pager/HP)
Home Address:			
Email Address :		Interests:	
Current Employer: BCA*/Oth	ers (please state)		
Date of joining BCA (For new	staff only) :		
Date of Application:		Applicant's Signature:	

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

FOR OFFICAL USE ONLY

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

Membership No: _____ Approved by : _____

Chairman, Membership Committee

NOTE: 1. An Ordinary Member shall be an employee or retiree of the Building and Construction Authority (BCA). Former staff of the BCA and the Public Works Department (PWD) will also qualify to be Ordinary Members of the PWD-BCA Club for as long as they are employed in the Civil Service, a Statutory Board or a Government-linked company approved by the Management Committee of the Club.

- 2. Both the proposer and seconder of this application must be Life or Ordinary Members of the Club.
- 3. Annual Subscription Rate : \$36.00

*For BCA staff, the subscription form to authorise payment is not required.



ORDINARY MEMBERSHIP SUBSCRIPTION FORM

To: HR Manager

AUTHORIZATION FOR PAYMENT OF SUBSCRIPTION THROUGH DEDUCTION FROM SALARY

I hereby authorize the deduction of \$ 36 from my salary for the year of ______, and once a year, in payment of my annual subscription for ordinary membership with the PWD-BCA Club. This authorisation remains valid until it is revoked by me.

Please arrange to remit the sum to PWD-BCA Club.

NAME:	IC NO:
DEPARTMENT:	APPOINTMENT:
SIGNATURE:	DIVISION STATUS:
DATE:	

Please complete this form and send to The Honorary Secretary, PWD-BCA Club through the HR Manager.

FOR OFFICIAL USE:

I certify that the particulars of the above officer in my Department is correct.

Signature:	Name of HR Manager:

*For BCA staff, the subscription form to authorise payment is not required.