



黃氏熾昌聯誼社
HUANG CLAN CHICHANG ASSOCIATION
黃氏熾昌聯誼社互助會
HUANG CLAN CHICHANG ASSOCIATION MUTUAL AID ORGANISATION

新加坡芽籠二十四巷惹蘭蘇卡門牌二號

No. 2, Jalan Suka, Lorong 24, Geylang Singapore 399410
Tel: 6746 3922 Fax: 6746 3247

社員申請書

日期

DATE:

MEMBER APPLICATION FORM 編號

具志願書人：願參加貴社為社員，今后絕對遵守章程一切議決案。
此致執事先生台鑒。

姓名		居民證號碼 I/C NO.		性別 SEX	
NAME		出生日期 DATE OF BIRTH		年齡 AGE	
住址		電話		職業	
ADDRESS		TELEPHONE		OCCUPATION	
介紹人 RECOMMENDED BY		原籍 PROVINCE OF NATIVE	申請人簽名 APPLICANT'S SIGNATURE		

福蔭人姓名如下：

姓名中英文 NAME (CHINESE & ENGLISH)	居民證號碼 I/C NO.	出生日期 DATE OF BIRTH	年齡 AGE	性別 SEX	關係 RELATIONSHIP
地址 ADDRESS	備註 REMARK				
地址 ADDRESS	備註 REMARK				
地址 ADDRESS	備註 REMARK				

主席： 總務： 通過日期：

注意：

- 凡福蔭人年齡居民證必須與死亡證書符合，如屬欺詐，概不受理。
- 入會申請須待董事部開會批准，並計清一切費用滿六個月方為有效。
- 福蔭人只限定父母，配偶與自身，不得超過六十五歲。
- 提交此表後，本人同意並證明上述填報的資料均屬真實及正確。

所有社籍的申請皆須經過本社理事會的審批。理事會有权拒絕任何入會申請而無需加以說明理由。付款及其他詳情可致電：67463922與秘書處（Kelly Ang）聯繫

Notes:

- The resident certificate of the beneficiary must coincide with the death certificate as for the age of the beneficiary. We shall not accept in the event of a fraud.
- Application for membership must be subject to the board meeting for approval and shall become valid six months after settling all the expenses.
- The beneficiary shall be only limited to parents, spouse and themselves, not exceeding 65 years old.
- I hereby agree and certify that the above information provided is true and correct after submitting the form.

All the application for membership must be subject to the examination and approval of the board of directors. The board shall have the right to reject any application without explaining the reasons. As to the payment and other detailed information, please dial 67463922 to contact Miss Kelly Ang of the secretariat