



新嘉坡雷州會館
LUI CHIU HOE KUAN
 68 LORONG 16 GEYLANG, #02-05 ASSOCIATION BUILDING
 SINGAPORE 398889
 TEL: 6746 5610
 FAX: 6747 3146

照片
 Photograph of
 Applicant

会员申请表格
MEMBERSHIP APPLICATION

姓名 Name	华文 Chinese		籍贯 Dialect		性别 Gender	
	英文 English		年龄 Age		婚姻状况 Marital Status	
身份证号 NRIC No.		出生地 Place of Birth		出身日期 Date of Birth		
住家电话 Tel No.		手机号 Mobile No.		电址 Email		
国籍 Nationality		Singapore Citizen 新加坡公民		宗教 Religion		
		Singapore PR 新加坡永久居民		职业 Occupation		
住址 Address						
具愿人谨以至诚，申请加入新加坡雷州会馆会员，并遵守所有章程和规则。 I hereby undertake in the event of being accepted as a member, to abide by the Rules & Regulations of the Association.						
_____ 申请者签名 Signature of Applicant			_____ 日期 Date			
介绍者 Introduced By						
_____ 姓名 Name			_____ 签名/日期 Signature / Date			
供本馆用 For Official Use						
_____ 批准者姓名 Approved by (Name)			_____ 签名/日期 Signature / Date			
在此交上现金或支票号码 Enclosed hereby Cash or Cheque				数额 Amount	S\$	
支票应支付“LUI CHIU HOE KUAN”，并呈交于雷州会馆秘书处（会员/准会员年费 S\$12.00 和入会费 S\$5.00。）Made payable to ‘LUI CHIU HOE KUAN’ and submit to the Secretariat, Lui Chiu Hoe Kuan (Annual Membership/ Associate Membership Fee S\$ 12.00 and Entrance Fee S\$ 5.00).						