



# 鍾靈中學（新加坡）校友會

**Chung Ling High School Alumni (S) Association**

211A, Lavender Street, Singapore 338769

Website: [www.chungling.org.sg](http://www.chungling.org.sg)

Email: [clsg@outlook.com](mailto:clsg@outlook.com)

照片  
Photo

入会申请书 <b>Application For Membership</b>			
申请会籍 Membership For (请在格子内打 ✓)			
永久会员 Life member			

中文姓名 Name in Chinese		英文姓名 Name in English	
身份证号码/C No.	出生地点 Place of Birth	出生日期 Date of Birth	性别 Gender
入学年份 Year of entering school	离校年份 Year of leaving school	学号 School No.	
住家地址 Home Address			邮区编号 Postcode
公司/机构名称 Company Name			
办公室地址 Office Address			邮区编号 Postcode
职位 Position	职业 Occupation	手提电话 Hand Phone	邮件寄至 Mailing Address (请在格子内打 ✓)
			住家地址 Home Address
			办公室地址 Office Address
办公室电话 Office Phone No.	住家电话 Home Phone No.	传真号码 Fax No.	
电邮 Email Address	学历/学位 Education		
<u>* Delcaration*</u>			
<p>1. I wish to apply as a member of Chung Ling High School Singapore Alumni Association (CLHSAASG). As a member, I agree to comply fully with the Constitution, rules and regulations and any resolutions passed by the Association.</p> <p>2. I hereby declare and give the assurance that I will be responsible for my personal safety and conduct. In the event that I incur any personal casualty, injuries or loss of valuables during the course of my participation in any CLHSAASG activities, these will be considered accidental and I will not hold the CLHSAASG liable in any circumstances. In the event that the same incidents result in CLHSAASG having to bear any compensations, legal fees, or other forms of monetary payments, I will reimburse CLHSAASG fully and accordingly.</p> <p>3. By submitting this membership application form, I agree that CLHSAASG may collect, use and disclose my personal data, as provided in this application form, or obtained by CLHSAASG as a result of my membership, for the following purposes in accordance with the Personal Data Protection Act 2012: (a) the processing of this membership application; and (b) the administration of the membership with CLHSAASG receive promotion and marketing related on CLHSAASG events/activities from CLHSAASG via email/Whatsapp Broadcast Message.</p>			

_____ 申请人签名 Signature of Applicant	_____ 日期 Date	
<b>供秘书处用 For Official Use</b>		
收到日期 Date Received	批准日期 Date Approved	
会员编号 Membership No.	收据号码 Receipt No.	_____ 会长/ 秘书签名 President / Secretary Signature