

Name in English

岡州會館 KONG CHOW WUI KOON

会员申请表 Membership Application Form

编号 NO.

男/女M/F*

This information is provided to Kong Chow Wui Koon voluntarily by me for the above purpose. I consent to the collection and usage of the personal data as a member of the Association.

中文姓名

本人自愿提供给岡州会馆会员申请表格所需的资料,并同意会馆所收集到的个人履历资料只供会馆使用。

身份证号码/NRIC		籍贯 Dialect:		中国	省
国籍 Nationality		出生日期 DOB			
 申请人与新会直系家属的关系		父/母/夫/妻名			
Immediate family members of Xinhui descent		Name of Father/ Mother / Husband/ Wife*			
职业 Occupation		电话 Tel. No.	(HP):		(H):
电邮 Email:		地址: Address:			
我对下列活动有		5 46 3	专长 Personal	skills	
粤剧 卡拉 C Opera Karaok	CANADA CONTRACTOR CONT			 乐活动 cial Activities	其它 Others
	申请人签名 Applicant				日期:
相片 Photograph	介绍人(会员) Introdu	下绍人(会员) Introduced By (Member)			日期:
	查证人(理事) Verified By (Committee-m	E人(理事) ied By (Committee-member)			日期:
备注:			ĕ		
\$6.00 7月1日前入会 入会时一次性收缴 后入会的收取半年全年会费。 Application rece		ual Subscription: \$20.00 的攸取一年会费\$20;7月1日 5年会费\$10元。每年1月收当 ived from 1 Jan. to 30 Jun. \$20. ived from 1 Jul. to 31 Dec. \$10.		永久会费 Life Membership 一次缴付\$300 成为永久会员 Life membership subscription of \$300 is one-off payment at time of application.	
*删除不适宜者 Dele 理事会审批 (For	ete whichever not applicabl Official Use):	е			
经理事会同意此	人成为会员 Approval b	y Management Cor	nmittee:		
理事长签名:			5长签名:	日期(

Payment Details: 付款详情

支票支付或转账 Cheque payment or Funds transfer to

受益人 Beneficiary: Kong Chow Wui Koon

受益人银行 Beneficiary's bank: UNITED OVERSEAS BANK LIMITED 受益人银行账号 Beneficiary's Account Number: 3023002912

分行 Branch: New Bridge Road Branch 快速代码 Swift Code: UOVBSGSG 分行编码 Branch Code: 019 银行编码 Bank Code: 7375

受益人银行地址 Beneficiary's bank address: UOB New Bridge Road, 1 Park Road,

#01-01/02 People's Park Complex Singapore 059108

PAYNOW UEN No.: S62SS0011L

SCAN QR CODE TO PAY

