



Membership Application

please print, fill in using block letters, scan, + email back to singaporeclubchch@gmail.com

| | | | | |
|----------------|----------|-------------------|---|---------------|
| family details | spouse 1 | full name | * | Mr/Ms |
| | | country of origin | * | |
| | | mobile | * | |
| | | email | * | |
| | spouse 2 | full name | | Mr/Ms |
| | | country of origin | | |
| | | mobile | | |
| | | email | | |
| | child 1 | full name | * | Master / Miss |
| | | year of birth | * | |
| | child 2 | full name | * | Master / Miss |
| | | year of birth | * | |
| | child 3 | full name | * | Master / Miss |
| | | year of birth | * | |
| NZ address | | street | * | |
| | | suburb | * | |
| | | city | * | |
| | | postcode | * | |
| | | home phone | | |

form last updated 24/01/2015

* compulsory field

Please delete or tick one of the two options below as applicable:

- Yes** - I approve my details to be released to the OSU for SCC's funding seeking purposes
- No** - please uphold my request for privacy

*If you do not choose, default will be deemed as request for privacy.
Please be aware that by not giving approval means reduced funding for the SCC.*