



華文教育學會

The Society of Chinese Education Singapore

C/O 50 Goodman Road Singapore 439012

Tel: 64663275 (会长) 96641400 (秘书)

入会申请表格 Membership Application Form

申请人详情 Particulars of Applicant			
中文姓名 Name in Chinese Character		英文姓名 Full Name in Block Letter	
国籍 Nationality	出生日期 Date of Birth	身份证号码 NRIC No.	性别 Sex
通讯地址 Postal Address		办公室电话 Office Tel	住家电话 Resident Tel
		传真 Fax	手机号码 Handphone
电邮 Email		专业资格 Professional Qualifications	其他资格 Other Qualifications
任职部门 Attached to			
职位 Position* (至少 SEO)	校长/副校长/部门主任/特级教师 /督学/讲师* (其他 :)	现状 Present situation	任职 / 退休*

本人申请加入新加坡华文教育学会为会员，并同意遵守本会章程。

I hereby apply to be a member of The Society Of Chinese Education Singapore and agree to abide by the Rules of the Society.

申请人签名 Signature of Applicant	介绍人 (一) 签名/日期 Signature of Introducer (1)	介绍人 (二) 签名/日期 Signature of Introducer (2)
备注 1. 入会费为新币 50 元正 (一次付清) 2. 申请表格须连同入会费缴交本会秘书处		Remarks 1. Subscription fees S\$ 50.00 (one payment only) 2. The subscription fee must be enclosed with this application form.

供本会秘书处用 For Office Use Only

理事会批准日期 Date of Approval	会长签证 Signature of Chairperson
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