



新加坡教師美術協會
SINGAPORE TEACHERS' ART SOCIETY

10, Happy Avenue Central, Singapore 369903. Tel: 96878185

Reg No: _____

MEMBERSHIP APPLICATION FORM

Affix your photo
here

To :

The Honourable Secretary

I wish to apply to be a Life/ Ordinary * member of the Society.
I agree to abide by the Rules and Regulations of the Society if my application is approved.

Name of Applicant : (Mr/Mrs/Mdm/Miss/Ms) _____ (in block letters)

Name in Chinese Character : _____ I/C no. : _____ (P/B)

Date of Birth : _____ Place of Birth : _____

Home Address : _____
_____ Singapore (_____) Handphone: _____

Personal Email Address : _____ Home Tel _____

School/Institution attached: _____

Address : _____
_____ Singapore : _____ Tel : _____

Art Qualifications : _____

Teaching experience : _____ years

*\$150/- for life membership
\$20/- per annum for ordinary membership

Date : _____

Signature of Applicant

FOR OFFICIAL USE

1. The above application is/ is not approved.
2. Receipt of \$ _____ as payment for Life membership / Annual subscription for Year of _____.

Name of President _____