



MEMBERSHIP APPLICATION FORM

Use one form per applicant. Please complete all relevant sections. All entries are to be done in BLOCK letters. (Tick appropriate box)
By completing and submitting this form, you consent to the Eurasian Association's (EA) collection, use and disclosure of your personal data for the purposes of processing and administering this membership. Your personal data may be disclosed to EA's employees, membership sub-committees, volunteers and third parties for the purpose of providing the relevant membership services to you. For more information, please refer to EA's Privacy Policy at www.eurasians.org.sg

| APPLICANT'S PERSONAL PARTICULARS | | | | | |
|--|--|--|---|---|-------------|
| NAME OF APPLICANT (<i>Underline Surname</i>) <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms | | | | | |
| RESIDENTIAL ADDRESS | | | *SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | HOME NO.: |
| | | | DATE OF BIRTH | | MOBILE NO.: |
| | | | Day | Month | |
| | | | Postal Code | | |
| | | | | | |
| NRIC / PASSPORT NO: | RACE <input type="checkbox"/> EURASIAN* <input type="checkbox"/> OTHER | *DEFINITION OF EURASIAN: - Who is of both European and Asian ancestry; or - Whose family has been accepted as Eurasian by custom and tradition | | OCCUPATION: | |
| EMAIL ADDRESS: | DATE OF APPLICATION | | MARITAL STATUS: | | |
| APPLICANT'S SIGNATURE: | | | SPOUSE'S NAME: | | |
| WHAT ARE YOUR INTERESTS? | | | | | |
| <input type="checkbox"/> YOUTH | | <input type="checkbox"/> SOCIAL EVENTS | | <input type="checkbox"/> WELFARE | |
| <input type="checkbox"/> SPORTS | | <input type="checkbox"/> ACTIVE AGEING | | <input type="checkbox"/> EDUCATION | |
| <input type="checkbox"/> CONTRIBUTE IN SOME OTHER WAY: _____ | | | | <input type="checkbox"/> HERITAGE & CULTURE | |
| MEMBERSHIP CATEGORY | | | | | |
| <input type="checkbox"/> LIFE MEMBER (\$60.00) | | Eurasian Singaporeans & Permanent Residents Only | | | |
| <input type="checkbox"/> ORDINARY MEMBER (\$12 p.a.) | | | | | |
| <input type="checkbox"/> ASSOCIATE LIFE (\$60.00) | | All Others. Please complete (a) below | | | |
| <input type="checkbox"/> ASSOCIATE ORDINARY (\$12 p.a.) | | | | | |
| <input type="checkbox"/> ASSOCIATE INTERNATIONAL (\$60.00) | | Eurasians who are neither Singaporean nor PR who may or may not be resident in Singapore, may apply for Associate International Membership | | | |
| <input type="checkbox"/> JUNIOR (<18 years old) (waived) | | Please complete (b) below | | | |
| * Please return the completed form with a copy of your NRIC/Passport or Birth Certificate (for child aged 15 years and below) | | | | | |
| EURASIAN COMMUNITY FUND CPF – MONTHLY CONTRIBUTION | | | | | |
| <input type="checkbox"/> YES | | <input type="checkbox"/> NO | | No. of Years (Contribution to ECF): | |
| (a) FOR ASSOCIATE LIFE & ORDINARY APPLICATIONS ONLY | | | | | |
| Reason for Application / Name of Introducer (If any) | | | | | |
| | | | | | |
| (b) FOR JUNIOR APPLICATIONS ONLY | | | | | |
| NAME OF PARENT/S | | MEMBERSHIP CATEGORY | | APPLICANT'S School/Institution: | |
| Father: | | LM/OM/AL/AO _ | | _____ | |
| Mother: | | LM/OM/AL/AO _ | | Level / Year: _____ / _____ | |
| PAYMENT (Please make your cheque payable to 'The Eurasian Association') | | | | | |
| *PAYMENT: <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE AMOUNT \$ _____ Bank / Cheque No. _____ Date Rec'd: ___/___/___ | | | | | |
| FOR OFFICIAL USE ONLY | | | | | |
| *STATUS: <input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED | | RECEIPT NO: | | HON.SEC.'S SIGNATURE | |
| | | | | DATE: | |