

Membership No .

--	--	--	--	--	--	--	--



Singapore Action Group of Elders
19 Toa Payoh West
Singapore 318876
Tel: 6353 7159
Fax: 6258 8195
Website: www.sage.org.sg

Photo

--

MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS

Full Name (Dr / Mr / Ms): _____

NRIC No: _____ Sex: Male / Female

Address: _____
_____ Postal Code: _____

Tel No: _____ (Home) _____ (Office) _____ (Mobile)

E-mail: _____

Marital Status: Single / Married / Divorced / Widowed

Date of Birth (dd/mm/yyyy): _____ Nationality: _____

Race: Chinese / Malay / Indian / Eurasian / Others (please specify) _____

EDUCATIONAL QUALIFICATION DETAILS

Educational Level : Primary Secondary Tertiary

Language: English Chinese Malay Tamil

Dialect: Cantonese Hokkien Teochew

Others (please specify) _____

PRESENT EMPLOYMENT DETAILS

Company Name: _____

Company Address: _____

_____ Postal Code: _____

Tel No: _____ Fax No: _____ Type of Industry: _____

Current Title / Designation: _____

MEMBERSHIP:

- Corporate Member / \$5000.00 per year
- Associate Member / \$24.00 per year (for those 49 years and below)
- Ordinary Member / \$24.00 per year (for those 50 years and above)

Please add \$3.00 for administration fee (one time payment) and make cheque payable to
“ SINGAPORE ACTION GROUP OF ELDERS “

INTEREST / HOBBIES

- 1. Sport (please specify) []
- 2. Music []
- 3. Dance []
- 4. Handicraft []
- 5. Travel []
- 6. Courses (please specify) _____
- 7. Others (please specify) _____

Signature of Applicant

Date

Official use only

Approved by: _____ Date joined: _____

Remarks: _____