



HANDICAPS WELFARE ASSOCIATION

残疾人福利协会

16, Whampoa Drive, Singapore 327725

Tel: 62543006 Fax: 62537375 email: hwa@hwa.org.sg

TO AFFIX
PHOTOGRAPH

请帖上照片

APPLICATION FOR MEMBERSHIP CONVERSION

转换会员籍申请表格

I wish to apply for conversion of membership and agree to abide by the rules and regulations governed by the Constitution of the Association. 我希望申请转换贵协会会员籍，並遵守贵协会的条规和宪法。

1) APPLICANT'S PARTICULARS

申请者资料

Membership No. _____

会员号

Joining Date. _____

加入日期

Name 姓名: _____

NRIC No.(Last 4 Character) 身份证号码(最后4位号码): _____

Sex: Male / Female * 性别: 男 / 女 *

Nationality 国籍: _____

Address 住址: _____

Contact No. 联络号码: _____ (Home 住家) _____ (Office 办公室)

_____ (HP 手机)

Email Address 电邮: _____

Nature of Disability 残障情形: _____

Highest Educational Level 最高教育程度: _____ Occupation 职业: _____

II) CONVERSION OF MEMBERSHIP 转换会员籍资料 (Please tick in the appropriate box

请在适当的格子里画勾)

1) Present Status 目前资格

Ordinary Member 普通会员

Associate Member 准会员

Date of Singapore Citizenship obtained: _____

取得新加坡公民证日期

2) Conversion membership status to 转换会员籍至:

Life Membership 终生会员

Ordinary Membership 普通会员

3) Do you have any membership arrears prior to this application? 您目前是否有拖欠会员费?

Yes 有

No 否

If yes, no. of years 如有, 年数是_____

*Please delete where not applicable 请删去不适用之处

4) Reason(s) for membership conversion 您转换会员籍的原因是: (Please specify 请详细说明)

III) DECLARATION 宣誓

I, 我_____, declare that the information provided is correct to the best of my knowledge. 在此宣誓所提供的资料是正确的。

Signature/Thumb* Print of Applicant

申请者签名 / 打手印*

Date

日期

FOR OFFICE USE ONLY 只限办公室用

Approval 批准: Ordinary Member 普通会员

Life Member 终身会员

Date of Approval/Disapproval* 批准/拒绝日期*: _____

Remarks 备注: _____

Hon. Secretary 荣誉秘书

President 主席

*Please delete where not applicable 请删去不适用之处