

THE OXFORD AND CAMBRIDGE SOCIETY OF SINGAPORE

c/o 10 Shenton Way, #13-02 MAS Building, Singapore 079117. Fax: (65) 6227-8063

For Admin Use

MEMBERSHIP APPLICATION FORM (For Ordinary Membership)

A: BASIC INFORMATION			
1. Name (Last):	2. Name (First & Other):	3. Male <input type="checkbox"/> Female <input type="checkbox"/>	
4. Email Address(es): (Include Yahoo! ID, if any):		5. Date of Birth: dd/mm/yyyy	
6. Citizenship:	7. If not a Singapore Citizen, are you a Singaporean PR? Yes <input type="checkbox"/> No <input type="checkbox"/>	8. NRIC No or FIN:	
B: EDUCATION (Oxbridge)			
1. College:	2. Oxford <input type="checkbox"/> Cambridge <input type="checkbox"/>	3. Degree:	
4. From (Year):	5. To (Year):	6. Subject:	
C: EMPLOYMENT			
1. Occupation:	2. Employer:		
D: OTHER CONTACT DETAILS (Note: Please provide your residential address in Singapore.)			
1. Postal Address: Home <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/>			
2. Other Address (if any): Home <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/>			
3. Tel (Office):	4. Tel (Mobile):	5. Tel (Home):	6. Tel (Other):
E: OTHER INFORMATION			
Please indicate any other Oxbridge affiliation (e.g. attended more than one Oxbridge college, member of other Oxbridge Society, spouse or family member is Oxbridge alumnus etc):			
F: STATEMENT, DATE & SIGNATURE			
To: The Honorary Secretary, The Oxford and Cambridge Society of Singapore			
I confirm that I am residing in Singapore, that I am or have been a member of Oxford and/or Cambridge University (or Universities) and that the information provided in this Membership Application Form is true and correct to the best of my knowledge. I understand that my information may be disclosed to third parties for verification purposes.			
I wish to apply to be an Ordinary Member. My application fee of S\$30/- by way of Cheque No. drawn in favour of "The Oxford and Cambridge Society of Singapore": is attached <input type="checkbox"/> or is being sent to reach you within three (3) days <input type="checkbox"/> .			
Date of Application:		Signature:	

For more information, please contact (65) 6323-6208.

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