

MEMBERSHIP APPLICATION FORM

Membership type*: (Circle type) Individual / Family / Senior

Name: Dr/ Mr. / Mrs. / Miss _____

Were you a former member: Yes/No. If “Yes”, please state period:
From.....(Year) To.....(Year)

Date of Birth: _____

Nationality: _____

I/C / Passport No: _____

Residential Address: _____

Telephone: Residence: _____ Hand Phone: _____

Email: _____

Occupation: _____

Company: _____

Family Members**:

Spouse: _____

Child 1 _____

Child 2 _____

Child 3 _____

I enclose herewith S\$_____ Cash / Cheque

Payable to: Bengali Association Singapore,

Bank Name: _____ **Cheque No.:** _____,

SIGNATURE DATE

*Annual Subscription Rates: *Individual* \$45. *Family* \$90. *Senior (per person, above the age of 65 years)* \$16.

**Member’s children who are above 18 years old and working are required to apply for separate membership.

For official use only: Membership No _____

Proposed by: _____ Approved by the Committee on _____

President’s Approval _____.