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MEMBERSHIP APPLICATION FORM

PERSONAL PARTICULARS

Name (In Block Letters) _____

Correspondence Address _____

Tel (H) _____ (HP) _____ **Marital Status** _____

Email _____ **Occupation** _____

NRIC _____ **Date of Birth** _____ **Citizenship** _____ **Gender: M / F**

(last 4 digit including alphabet)

DECLARATION

Are you a Sikh who believe in the teachings of Sri Guru Granth Sahib Ji? Yes No

Are you a Singapore citizen / Permanet resident? Yes No

Are you an undischarged bankrupt? Yes No

1. I hereby declare that all information given in this application form is true to the best of my knowledge. I understand and agree that any false information given will disqualify my application.
2. If approved as a member, I will abide by the Rules and Regulations of the Society

Applicant's Signature

Date

Membership Fee payment to be made only after you received notification of successful application.

Consent

I acknowledge that I have read and understood the Data Protection Notice at sikhmissionary.org.sg and consent to the collection, use and disclosure of my personal data by the Society for the purposes set out in the Notice.

Please tick the appropriate boxes:

- I do not wish to receive any marketing information.
- I would like to receive information about the services which may be provided by the Society, including (but not limited to) offers, promotions and information about new services via the following channels:
 - Newsletter
 - Email
 - Text message
 - Telephone call

For applicants under the age of 18 years (* Delete where applicable)

I, the parent/guardian* of the applicant, am aware of my child's/ward's* application for membership and hereby consent to my child/ ward* being a member of the Society.

Name NRIC (last 4 digits) of Parent/Guardian

Signature of Parent/Guardian and Date

Proposer name: _____	Seconder name: _____
Membership No: _____	Membership No: _____
Signature: _____	Signature: _____

FOR OFFICIAL USE	
APPLICATION VERIFIED BY: Secretary: _____ Date : _____ Payment Receipt No: _____ Payment Via: _____	MANAGEMENT COMMITTEE Tabled at the Management Committee Meeting held on _____ Approved / Not Approved: _____ Membership Number: _____ President _____ Date _____