



HANDICAPS WELFARE ASSOCIATION

殘疾人士福利協會

16, Whampoa Drive, Singapore 327725

Tel. : 2543006 Fax : 2537375 email : hwa@hwa.org.sg

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，并遵守贵协会的条规和宪法。

I) APPLICANT'S PARTICULARS

申请者资料

Membership No. _____

会员证号码

Name 姓名 (英文): _____

NRIC NO. 身份证号码: _____

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)
_____ (Pgr/Hph 传呼/手提)

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 (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 S'pore Citizenship obtained : _____
取得新加坡公民证日期

2) Convert 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 无

If yes, no. of years 如有, 年数是 _____

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

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

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

**IV) PROPOSER AND SECONDER OF APPLICATION FOR MEMBERSHIP CONVERSION
提议及附议处**

Membership application can only be proposed and seconded by members of the Association.
此会员转换申请只有协会之会员才可提议及附议

Name of Proposer
提议者姓名

Name of Seconder
附议者姓名

Signature/Thumb Print of Proposer
提议者签名/打手印

Signature/Thumb Print of Seconder
附议者签名/打手印

Date 日期:

Date 日期:

FOR OFFICE USE ONLY 只限办公室用

Approval 批准 : Ordinary Member 普通会员

Life Member 终生会员

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

Remarks 备注: _____

Hon. Secretary 荣誉秘书

President 主席