

(TAPAS)

Member # _____

Teachers And Parents Association of Sarada
Application for membership

Application for : Ordinary / Life / Associate Membership (**Circle the membership required**)

Name of Applicant (**either parent**) _____

Date of Birth (**Date/month/Year**) _____

NRIC No / Passport No _____

Name of Spouse _____

Date of Birth (**Date/month/Year**) _____

NRIC No / Passport No _____

Address: _____

Telephone No:

Work _____

Home _____

Mobile _____

Email Address: _____

Circle the activities that you are interested in :

Sports events / Touring / Singing / Dancing / Social functions

Organising School Activities and programmes

Particulars of Students / Ex-Students of Sarada

	Name:	DOB	Year of Graduation
1st Child			
2nd Child			
3rd Child			
4th Child			

Signature of Applicant _____

Confirmed as student/(s) by:

Name _____

Date of Application _____

Signature _____

Date _____

Note:

The Registration of the Association is pending.

Once the Association is registered, it will write to you confirming your membership.

upon payment of the appropriate membership fees of S\$12 per annum.