RED SWASTIKA SCHOOL ALUMNI ASSOCIATION (RSSAA)

E-mail: RedSwastikaAlumni@Gmail.com Connect with us on facebook - RSSAlumni

350 Bedok North Avenue 3 Singapore 469719

Tel: +65 6443 0380

RSSAA MEMBERSHIP APPLICATION FORM

PART A. PERSONAL INFORM	IATION						
Full Name (As in NRIC / Passport, Please underline surname) Chinese Character			ers:				
NRIC No.	Date of Birth :						
Home Tel:	Office Tel:						
Handphone	Fax No.						
E-mail:					Attach Re	ecent Photo (Compulsory)	
Home Address :							
Name of Employer :							
Office Address :							
Profession:				Hignest Education :			
Year of Leaving School (Attach a copy of RSS Certific	ate or RSS Repo	ort Book) :					
Do you intend to enroll your child in RSS: *Yes / No				If Yes: Date of Birth of Child : (DD/MM/YYYY)			
Interest in joining the RSS Alumni Association Committee : *Yes / No.							
☐ One-time Membership Fee (S\$ 300) : **	CHEQUE ONLY	(Bank :	T	No.)	
☐ Copy of RSS Cert or RSS Report Book		Recent Photo				f registering for RSS Primary 1	
** IMPORTANT : Cheque to be made payable to 'Red weeks upon receipt of application; and incomplete for					g of applicat	tion will take between 4 to 8	
*** Important: To be eligible under Phase 2A1 for RSS	S Primary 1 regis	tration, alumni m	embership n	nust be verified an		- T	
June, 1 year before registration date for Primary 1 (E. verified and approved by RSSAA latest by 30th June 2	•		•		•	Alumni membership must be	
http://www.moe.gov.sg/education/admissions/prim Also available in RSSAA website: http://www.redswa	-		n/naaetree&	func=view&rid=1(182136.		
Signature of Applicant :		g, cos, cix. c , 132.	Date :	,			
* Delete as Necessary							
PART B. FOR RSSAA OFFICI	AL USE:						
☐ One-time Membership Fee (S\$ 300): CH	HEQUE ONLY (B	Bank :		No.)	
☐ Copy of RSS Cert or RSS Report Book		Recent Photo		Copy of Child Birt	h Certicate, it	f registering for RSS Primary 1	
Application : Approved		Membership No. :					
Not Approved							
Remarks :							
Verified By : (Name and Signature)							
			Date :				
Approved by President of RSSAA: (Name and Signa	ture)						
			Date :				