

 <p>OLD FREES' ASSOCIATION SINGAPORE</p> <p>FOUNDED 1962</p>	<p>OLD FREES' ASSOCIATION, SINGAPORE</p>
	<p>3 Mount Elizabeth, #11-07 Mount Elizabeth Medical Centre Singapore 228510</p>

MEMBERSHIP APPLICATION

Type <i>(Please Tick)</i>	[] Life (\$1000)	[] Ordinary (\$20 / year)
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Please make cheque payable to "Old Frees Association Singapore" and mail cheque and form to the above address.

PERSONAL PARTICULARS

Full Name: <i>(Please underline family name)</i>	
Aliases: <i>(If any)</i>	
Email Address:	

CONTACT DETAILS

Residential Address:	
Mobile / Handphone No:	
Residence Tel. No:	
Alternate Email Address: <i>(If any)</i>	
Occupation:	
Office Address:	
Year Left School:	
Sports House:	

Signature of applicant:	Date:
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