

Membership Form

Membership no. (if known) _____

Annual fees: Ordinary \$30/ Student \$15/ Senior \$15 *delete as necessary*

Name	
Mr Miss Mrs Ms Dr	
Mailing address	
Postcode _____	

Date of Birth	Identity card number
Email	Telephone (mobile)
Telephone (home)	Telephone ()

I wish to become a member of the Association. I agree to abide by its rules and regulations, and consent to furnishing my details to the Association for reasonable administrative use.

Signature and date : _____

Crossed cheques to be made to "Scrabble Association". Please do not mail cash.



Scrabble Association, Singapore

Acknowledgement of Receipt

From

Amount

For membership until

Received by

Signature and date