

## St. Thomas Orthodox Syrian Cathedral

650 Yio Chu Kang Road, Singapore 787075

**Membership application Form** 

**Code Allotted** 

Full name (Block Letters, Underline Surname or Family Name)         Alias If Any :       Sex: M       F         Date of birth (DD/MM/YYYY):       Nationality/Residency       Years in Singapore         Present Address in Singapore:       Postal Code:       Pestal Code:         Phones       Res:       Hand Phone :       Office:         Email:       Address in Country of Origin:       Martial Status:       Self Employed?	APPLICANT INFORMATION						
Date of birth (DD/MM/YYYY): Nationality/Residency Years in Singapore   Present Address in Singapore: Postal Code:   Phones   Res: Hand Phone : Office:   Email:   Address in Country of Origin:   Name & Address of the Home Parish:   EmpLoYMENT/PROFESSION   Occupation:   Self Employed?   Employer:   How long (yrs)? :	Full name	(Block Letters, Underline S					
Date of birth (DD/MM/YYYY): Nationality/Residency Years in Singapore   Present Address in Singapore: Postal Code:   Phones   Res: Hand Phone : Office:   Email:   Address in Country of Origin:   Name & Address of the Home Parish:   EmpLoYMENT/PROFESSION   Occupation:   Self Employed?   Employer:   How long (yrs)? :							
Present Address in Singapore:     Pones   Res:   Hand Phone :   Office:     Email:   Address in Country of Origin:     Name & Address of the Home Parish:     EmpLoyment/PROFESSION   Occupation:   Employer:     How long (yrs)? :	Alias If An	y :				Sex: M	F
Phones       Res:       Hand Phone :       Office:         Email:	Date of bi	rth (DD/MM/YYYY):		Nationality	Nationality/Residency		Years in Singapore
Phones       Res:       Hand Phone :       Office:         Email:							
Phones       Res:       Hand Phone :       Office:         Email:	Present Ac	ddress in Singapore:		<u> </u>			
Phones       Res:       Hand Phone :       Office:         Email:							
Email:   Address in Country of Origin:     Name & Address of the Home Parish:     EMPLOYMENT/PROFESSION   Occupation:   Self Employed?   Employer:   How long (yrs)? :				1	Postal Coc	le:	
Address in Country of Origin:     Name & Address of the Home Parish:     EMPLOYMENT/PROFESSION     Occupation:   Self Employed?   Employer:   How long (yrs)? :	Phones	Res:	Hand Phone :		Office:		
Name & Address of the Home Parish:     EMPLOYMENT/PROFESSION   Occupation:   Self Employed?   Employer:   How long (yrs)? :	Email:		1	t			
EMPLOYMENT/PROFESSION         Occupation:       Self Employed?         Employer:       How long (yrs)? :	Address in	Country of Origin:					
EMPLOYMENT/PROFESSION         Occupation:       Self Employed?         Employer:       How long (yrs)? :							
EMPLOYMENT/PROFESSION         Occupation:       Self Employed?         Employer:       How long (yrs)? :							
Occupation:     Self Employed?       Employer:     How long (yrs)? :	Name & A	ddress of the Home Par	ish:				
Occupation:     Self Employed?       Employer:     How long (yrs)? :							
Occupation:     Self Employed?       Employer:     How long (yrs)? :							
Occupation:     Self Employed?       Employer:     How long (yrs)? :							
Employer: How long (yrs)? :							
	Occupation:				Self Employed?		
Marital Status: Date of Marriage (DD/MM/YYYY):	Employer:	Employer: How long (yrs)? :					
	Marital Sta						

SPOUSE INFORMATION						
Full name	(Block Letters, Underli	ne Surname or Family Name)				
Alias If Any	/:					
Phones	Hand Phone :		Office:			
Email:						
Date of birth (DD/MM/YYYY):         Nationality/Residency         Years in Singapore					Years in Singapore	
Occupation:				Self Empl	loyed?	
Employer: How long (yrs)? :						

CHILDREN INFORMATION					
Child	d Full name (Block Letters, Underline Surname or Family Name)				
1	Alias if Any :				
Date of birth (DD/MM/YYYY):			Sex: M 🗌 🛛 F 🛄		
Phones	Hand Phone :	Occupation:			
Email:			nployer:		

Child	Full name (Block Letters, Underline Surname or Family Name)				
2	Alias if Any :				
Date of	Date of birth (DD/MM/YYYY): Sex: M F				
Phones	Hand Phone :	Occupatio	on:		
Email:	nail: School/Employer:				
Child	Chied Full name (Block Letters, Underline Surname or Family Name)				
3	Alias if Any :				
Date of	Date of birth (DD/MM/YYYY):         Sex:         M         F         Image: Comparison of the second sec				
Phones	s Hand Phone : Occupation:				
Email:	mail: School/Employer:				

PARTICULARS OF OTHER MEMBERS OF FAMILY					
Full n	ame (Block Letters, Underline Surname or Family Name)				
<b></b>		Ali	as if Any :		
Relationshi	p with Applicant:				
Date of bir	th (DD/MM/YYYY):		Sex: M	F 🗌	
Phones	Phones Hand Phone : Occupation:				
Email:		Employer	:		
	ame (Block Letters, Underline Surname or Family Name)				
2 Alias if Any :					
Relationship with Applicant:					
Date of birth (DD/MM/YYYY):         Sex:         M         F         Image: Comparison of the second sec					
Phones	hones Hand Phone : Occupation:				
Email:	Email: Employer:				

SUBSCRIPTION PLEDGED					
Subscription Amount Volunteered	S\$	_ /MONTH			
DECLARATION BY APPLICANT					
I do solemnly and sincerely declare that:- I/We wish to apply for Membership to the St. Thomas Orthodox Cathedral, 650 Yio Chu Kang Road, Singapore and Declare that the particulars stated in this application are true and correct to the best of my/our knowledge and belief. If I/we am/are accented as					

particulars stated in this application are true and correct to the best of my/our knowledge and belief. If I/we am/are accepted as members, I/we will adhere to the constitution of this Cathedral, in force.

Signature Of the Applicant

Signature of the Spouse

## Please send a family photo to directory@stosc.com

FOR OFFICE USE				
Application Status: ACCEPTED / REJECTED	Notes:			
Name Of Vicar:	Signature and Date:			
Approved By Managing Committee	Date:	Membership Start Date (DD/MM/YYYY):		
Entered into Church Records by	Date			

## **APPENDIX "A"**

## APPLICATION FOR MEMBERSHIP

The Hon. General Secretary St. Thomas Orthodox Syrian Cathedral 650 Yio Chu Kang Road Singapore 787075

Sir,

I, \_\_\_\_\_ wish to apply for

membership of the St. Thomas Orthodox Syrian Cathedral, Singapore and declare

that if I am accepted I will adhere to the Constitution of the St. Thomas Orthodox

Syrian Cathedral, Singapore for the time being in force.

NAME IN FULL		
NRIC NO	:	
ADDRESS	:	and the second second
DATE OF BIRTH	:	
HOME PARISH	:	
ADDRESS IN INDIA	-	
MARITAL STATUS		<u> </u>
NAME OF WIFE (IF N	MARRIED):	

AMOUNT OF MONTHLY SUBSCRIPTION VOLUNTEERED: \$\_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Signature

CERTIFIED TRUE COPY for Registrar of Societies Singapore

2 5 SEP 2013