



St. Thomas Orthodox Syrian Cathedral

650 Yio Chu Kang Road, Singapore 787075

Membership application Form

Code Allotted

APPLICANT INFORMATION			
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:
Phones	Res:	Hand Phone :	Office:
Email:			
Address in Country of Origin:			
Name & Address of the Home Parish:			
EMPLOYMENT/PROFESSION			
Occupation:		Self Employed? <input type="checkbox"/>	
Employer:		How long (yrs)? :	
Marital Status:		Date of Marriage (DD/MM/YYYY):	

SPOUSE INFORMATION			
Full name (Block Letters, Underline Surname or Family Name)			
Alias If Any :			
Phones	Hand Phone :	Office:	
Email:			
Date of birth (DD/MM/YYYY):		Nationality/Residency	Years in Singapore
Occupation:		Self Employed? <input type="checkbox"/>	
Employer:		How long (yrs)? :	

CHILDREN INFORMATION			
Child 1	Full name (Block Letters, Underline Surname or Family Name)		
	Alias if Any :		
Date of birth (DD/MM/YYYY):		Sex: M <input type="checkbox"/>	F <input type="checkbox"/>
Phones	Hand Phone :	Occupation:	
Email:		School/Employer:	

Child 2	Full name (Block Letters, Underline Surname or Family Name)		Alias if Any :	
	Date of birth (DD/MM/YYYY):		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
Phones	Hand Phone :	Occupation:		
Email:		School/Employer:		
Child 3	Full name (Block Letters, Underline Surname or Family Name)		Alias if Any :	
	Date of birth (DD/MM/YYYY):		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
Phones	Hand Phone :	Occupation:		
Email:		School/Employer:		

PARTICULARS OF OTHER MEMBERS OF FAMILY

1	Full name (Block Letters, Underline Surname or Family Name)		Alias if Any :	
	Relationship with Applicant:			
Date of birth (DD/MM/YYYY):		Sex: M <input type="checkbox"/> F <input type="checkbox"/>		
Phones	Hand Phone :	Occupation:		
Email:		Employer:		
2	Full name (Block Letters, Underline Surname or Family Name)		Alias if Any :	
	Relationship with Applicant:			
Date of birth (DD/MM/YYYY):		Sex: M <input type="checkbox"/> F <input type="checkbox"/>		
Phones	Hand Phone :	Occupation:		
Email:		Employer:		

SUBSCRIPTION PLEDGED	
Subscription Amount Volunteered	S\$ _____ /MONTH

DECLARATION BY APPLICANT		
<p>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 accepted as members, I/we will adhere to the constitution of this Cathedral, in force.</p>		
Date	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 : _____

DATE OF BIRTH : _____

HOME PARISH : _____

ADDRESS IN INDIA : _____

MARITAL STATUS : _____


NAME OF WIFE (IF MARRIED): _____

AMOUNT OF MONTHLY SUBSCRIPTION VOLUNTEERED: \$ _____

Date: _____

Applicant's Signature

CERTIFIED TRUE COPY


for Registrar of Societies
Singapore

25 SEP 2013