

Personal Details

Salutation: Dr/ Mr/ Ms/ Mrs (please circle)

Name:

NRIC No: Last 3 Digits+Alphabet

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or **FIN No:** Last 3 Digits+Alphabet

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or **WP No:** Last 3 Digits+Alphabet

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or **OTHERS:** Last 4 Digits/Alphabets
Home Country ID No. (No PP No.)

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Nationality:

Date of Birth: (DD/MM/YYYY)

Sex: Male / Female

Marital Status:

Highest Qualification:

Current Work Status (Tick one only):

Student Employed Unemployed Self-Employed Retired Other

Industry Specialization (Tick one that apply):

<input type="checkbox"/> Arts & Entertainment	<input type="checkbox"/> Civil Service	<input type="checkbox"/> F & B	<input type="checkbox"/> Insurance	<input type="checkbox"/> Military	<input type="checkbox"/> Other
<input type="checkbox"/> Business	<input type="checkbox"/> Education	<input type="checkbox"/> Finance	<input type="checkbox"/> IT	<input type="checkbox"/> Real-Estate	
<input type="checkbox"/> Construction	<input type="checkbox"/> Engineering	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Legal	<input type="checkbox"/> Sales & Marketing	_____

Contact Details

Home Address:

Mailing Address (if different from Home Address):

Home Tel:

Office Tel:

Mobile Tel:

Email Address:

Schooling Details

Period of Study @ St. Anthony's	From	(Year of Entry)	To	(Year of Graduation)
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Anthonian Alumni Activities

Interested Anthonian Alumni Activities (Tick one that apply):

Old SABS Reunions
 Networking Events
 Fiesta @BB SAPS
 Phoenix Talk(for School)

Areas of support for Anthonian Alumni

Please indicate how you will be able to support the Anthonian Alumni. Some areas are given below. Please tick the relevant ones and elaborate on them in the space provided.

<input type="checkbox"/> Accounting	<input type="checkbox"/> Administration	<input type="checkbox"/> Healthy living	<input type="checkbox"/> Education	<input type="checkbox"/> Events Planning
<input type="checkbox"/> Logistic / Facilities	<input type="checkbox"/> Welfare / Donors	<input type="checkbox"/> Products & Services	<input type="checkbox"/> IT Support	<input type="checkbox"/> Cultural / Heritage
<input type="checkbox"/> Active ageing	<input type="checkbox"/> Special Discounts	<input type="checkbox"/> Sports Training	<input type="checkbox"/> Sponsorship	<input type="checkbox"/> Reading / Writing

Other areas (please specify / elaborate):

Would you be interested to join the Executive Committee of the Alumni? Yes No Maybe

Signature of Applicant:	Date:	Recommended by:

Personal Data Protection:

Consent for to collect, use and disclose your personal data, as provided in this application form as a result of your membership, for the following purposes in accordance with the Personal Data Protection Act 2012 and our data protection policy or privacy policy (available at our website) or facebook page:

- (a) the processing of this membership application; and
- (b) the administration of the membership with our organization.

Lifetime Membership Fees

1) Lifetime Membership Fees of \$50.00 for new member above 21 years old.

For Official Use

Date of approval	Initial Payment Yes / No	Type of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Cheque: _____	Amount: _____
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