



YOUTH SKIPPER FLOTILLA

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INDIVIDUAL MEMBERSHIP APPLICATION FORM

Name: Capt /Dr /Mr /Mrs /Mdm /Miss _____

NRIC/Passport no: _____

Nationality: _____

Date of Birth: _____

Gender: _____

Employment/Occupation: _____

Name of Employer/Firm: _____

Employer Address: _____

Postal Code

Country

Present Position: _____

E-mail: _____

Contact numbers: _____

Mobile

Office Tel

Fax

Mailing Address (if different from above): _____

Postal Code

Country

DECLARATION

I wish to join the Youth Skipper Flotilla and enclose a cheque for S\$_____ as payment of my annual subscription and entrance fee. I agree to abide by the YSF's Constitution, Rules and Byelaws.

[Entrance Fee: \$20; Annual Membership: Fellow \$80; Ordinary Member \$50; Associate Member \$40; Corporate Member: \$500; Student Member \$Free; *Founder Member Status \$200 (one-time only)].

Signature: _____ Date: _____ (mm/dd/yyyy)

Proposed by:		Seconded by:	
Cheque received:		Approved by:	

For Official Use:

Payment Received: _____

(Bank / Cheque No / Date)

Verified by: _____

(Name / Signature / Date)