



DOT CONNECTIONS
GROWTH CENTRE 圆点心宁中心

MEMBERSHIP / VOLUNTEER APPLICATION FORM

会员 / 志工申请表格

Passport
Photo
Required

MEMBERSHIP 会员 : ORDINARY 普通会员 ASSOCIATE 附属会员 HONORARY 荣誉会员
VOLUNTEER 志工 : DHARMA EDUCATION 佛教教育 COUNSELLING EDUCATION 心宁教育 OTHERS 其它

APPLICANT INFORMATION (Please write in BLOCK LETTERS) 个人资料							
FULL NAME (As in NRIC) 姓名	ENGLISH 英文		GENDER 性别	MALE 男 <input type="checkbox"/>	FEMALE 女 <input type="checkbox"/>		
	CHINESE 中文		TITLE 称谓	VEN. 法师 <input type="checkbox"/>	DR. 博士 <input type="checkbox"/>	MR. 先生 <input type="checkbox"/>	MDM. 女士 <input type="checkbox"/>
NRIC / PASSPORT NO. 身份证 / 护照号码			DATE OF BIRTH (DD/MM/YY) 出生日期				
ADDRESS 地址							
CONTACT 联络号码	(MOBILE) 手机		NATIONALITY 国籍				
	(HOME) 住家		OCCUPATION 职业				
	(OFFICE) 办公室		RELIGION 宗教信仰				
EMAIL ADDRESS 电子邮件			DHARMA TEACHER (if any) 皈依上人 (若有)		DHARMA NAME (if any) 皈依法号 (若有)		
MARITAL STATUS 婚姻状况	SINGLE 单身 <input type="checkbox"/>	MARRIED 已婚 <input type="checkbox"/>	OTHER (Please specify) 其它 (请注明)				
HIGHEST QUALIFICATIONS 最高学历							
LANGUAGE SPOKEN 沟通语言	ENGLISH 英语 <input type="checkbox"/>	MANDARIN 华语 <input type="checkbox"/>	OTHERS (Please Specify) 其它 (请注明)				
LANGUAGE WRITTEN 书写语言	ENGLISH 英文 <input type="checkbox"/>	CHINESE 中文 <input type="checkbox"/>	OTHERS (Please Specify) 其它 (请注明)				
REFEREE (IF ANY) 介绍人 (若有)							
FULL NAME 姓名			COMMITTEE POSITION 理事职衔		RELATIONSHIP 关系		
IN CASE OF EMERGENCY 紧急联络							
FULL NAME 姓名			CONTACT NO. 联络号码		RELATIONSHIP 关系		
DECLARATION 声明							
I hereby declare that the information provided above is true and accurate and I accept the terms and conditions stated on the reverse page. 我谨此声明上述所提供资料正确无误, 并接受背页所列条例。							
I hereby consent Dot Connections Growth Centre to send me updates on activities or any other information via the following means: 我谨此同意圆点心宁中心通过以下方式提供我中心的活动讯息及其他的相关讯息: <input type="checkbox"/> SMS 简讯 <input type="checkbox"/> Whatsapp 网络简讯 <input type="checkbox"/> Email 电邮 <input type="checkbox"/> Others 其它 (请注明 Please Specify) _____							
SIGNATURE OF APPLICANT/ PARENT OR GUARDIAN 申请者/家长或监护人签名				DATE OF APPLICATION (DD/MM/YY) 申请日期			

TERMS AND CONDITIONS ON MEMBERSHIP APPLICATION :

1. Applicant must meet all the following requirements. He or she must :
 - 1.1 be at least 21 years old
 - 1.2 require parental/guardian consent if under eighteen (18) years old for Associate Membership
 - 1.3 be a Singapore Citizen or Permanent Resident for Ordinary Membership
 - 1.4 not have convicted under the criminal law of any country
 - 1.5 not be an un-discharged bankrupt
2. Applicant for Ordinary Membership must be sponsored by a Committee Member of Dot Connections Growth Centre and duly signed.
3. A photo-copy of the applicant's NRIC must be submitted together with the application.
4. Dot Connections Growth Centre shall have the rights to reject any application for membership without providing any reason whatsoever.
5. Dot Connections Growth Centre shall have the rights to add, delete or amend any of the terms and conditions stated above.

申请会员条件:

1. 申请人必须符合下列所有条件 :
 - 1.1 年龄至少 21 岁
 - 1.2 附属会员若未满 18 岁, 需征求家长或监护人的同意
 - 1.3 普通会员必须是新加坡公民或永久居民
 - 1.4 未因违反任何国家的刑事法而被该国的法院定罪
 - 1.5 没有被判入穷籍者
2. 普通会员必须经过一位现任理事的推荐。
3. 必须连同表格附上一份影印的身份证。
4. 圆点心宁中心理事会有权拒绝任何申请而无须解释任何理由。
5. 圆点心宁中心有权随时增、删或修改上述任何条件。

FOR OFFICIAL USE ONLY 行政专用栏	
<p>APPLICATION STATUS 上述会员申请经理事会议 <input type="checkbox"/> APPROVED 批准 <input type="checkbox"/> REJECTED 不批准 <input type="checkbox"/> PENDING 未定</p> <p>REASON 原因</p>	
<p>MEMBERSHIP FEE 会费收取: <input type="checkbox"/> ORDINARY 普通会员 <input type="checkbox"/> ASSOCIATE 附属会员 <input type="checkbox"/> WAIVED 豁免</p> <p>REASON 原因</p>	
<p>MEMBERSHIP NO. 会员编号</p> <p>DC</p>	<p>OFFICIAL STAMP 印章</p>
<p>RECEIPT NO. 收据号码</p>	<p>MODE OF PAYMENT 付费方式</p> <p><input type="checkbox"/> CASH 现金 <input type="checkbox"/> CHECK 支票</p>
<p>COLLECTION OF CONSTITUTION 领取章程 <input type="checkbox"/> YES 领取 <input type="checkbox"/> NO 未领取</p>	
<p>DATE OF COMMITTEE MEETING (DD/MM/YY) 理事会议日期</p>	
<p>_____ SIGNATURE OF PRESIDENT 会长签名</p> <p>DATE (DD/MM/YY) 日期: _____</p>	<p>_____ SIGNATURE OF HON. SECRETARY 秘书长签名</p> <p>DATE (DD/MM/YY) 日期: _____</p>