

BATCH ID:   
(Office use only)



**Friends**  
of the Museum  
Singapore

Mail to: FOM - Membership Secretary  
61 Stamford Road #-02-06, Stamford Court  
Singapore 178892  
Tel & Fax: 6337 3685  
Email: fommembership@yahoo.com

**ANNUAL MEMBERSHIP FORM**

Family Name

New

Given Name

Renewal

Male

Female

Date of Birth   
D D M M Y Y Y Y

Nationality

**Address**

Postal Code  Tel  Fax

Handphone  FOM membership number

*(Renewing members only)*

Email

Membership is NOT transferable. Overseas members pay an additional S\$40 postal charge, in addition to the appropriate membership fee.

Individual Membership S\$60.00

Young Friends Membership S\$25.00  
*Applicant under 21. Please include proof of age.*

Joint Membership (Spouse/Partner) S\$85.00  
*Please fill out spouse/partner details on back of form.*

Senior Citizen Membership S\$25.00  
*Senior Citizen 60+. Please include proof of age.*

Family Membership S\$100.00  
2 adults & 3 children (ages 6-21)  
*Please fill out family details on back of form.*

Joint Senior Membership S\$40.00  
*Both applicants must be 60+.*  
*Please fill out spouse/partner details on back of form.*

Donation (optional)

**Skills/Experiences:** We would appreciate if you would share with us your key skills/experiences. Check any that may apply.

- Administration
- Leadership
- Computers/I.T.
- Marketing
- Finance
- Research
- Guiding
- Training
- Journalism/
- Volunteering
- Writing
- Web Design

Languages Spoken:

- English
- Mandarin
- Malay
- Tamil
- French
- German
- Spanish
- Japanese
- Other \_\_\_\_\_

Where did you learn about FOM?  Friends  Lectures  Museums  Publication  Relocation Firm  
 Promotional Material  Other \_\_\_\_\_

**Payment Information**

CASH PAYMENT: Membership Fee: S\$ \_\_\_\_\_ Donation: S\$ \_\_\_\_\_

CHEQUE PAYMENT: Cheques should be made out to "FOM."

Bank Name: \_\_\_\_\_ Cheque No.: \_\_\_\_\_ Amount: S\$ \_\_\_\_\_

**Please Sign.** "In consideration of my/our acceptance as a member(s) of FOM and permitting me/us/my spouse/partner/child(ren) to partake in any of the FOM activities in which I/we may enroll for myself/ourselves/my spouse/partner/child(ren), I/we, for myself/ourselves, my/our heirs, executors or administrators, remise, release and forever discharge the FOM, its officers, servants and agents or other persons authorized by FOM, from all claims, demands, actions or causes of actions, on account of my/our death or on account of any injury (including injury resulting in death) however caused or sustained by me/us or loss of or damage (however caused) to my/our personal belongings suffered at any time during my/our attending the said activities. I/we also agree, at all times, to abide by the Constitution of FOM and its By-laws (as may be amended from time to time)."

Signature: member \_\_\_\_\_ Date \_\_\_\_\_ Signature: partner/spouse (for joint/family membership) \_\_\_\_\_ Date \_\_\_\_\_

# INFORMATION ON FAMILY MEMBERS

## Information on Partner/Spouse

Partner's Family Name

Partner's Given Name

Date of Birth   
D D M M Y Y Y Y

Handphone

New   
Renewal   
Male   
Female

Nationality

Partner/Spouse Email

FOM membership number    
(renewing members only)

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## Information on Child (1)

Child's Family Name

Child's Given Name

Date of Birth   
D D M M Y Y Y Y

Handphone

New   
Renewal   
Male   
Female

Nationality

FOM membership number    
(renewing members only)

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## Information on Child (2)

Child's Family Name

Child's Given Name

Date of Birth   
D D M M Y Y Y Y

Handphone

New   
Renewal   
Male   
Female

Nationality

FOM membership number    
(renewing members only)

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## Information on Child (3)

Child's Family Name

Child's Given Name

Date of Birth   
D D M M Y Y Y Y

Handphone

New   
Renewal   
Male   
Female

Nationality

FOM membership number    
(renewing members only)

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