致:新加坡同济医院图书馆

to: Singapore Thong Chai Medical Institution

Library Committee

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Singapore 169874

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会员申请表格

Member Application Form

姓名 Name (中英文)
出生日期(Date of Birth)
身份证号码 Ic No
职业 Occupation
电话 Tel
片 直 Cov
传真 Fax
电邮 email
地址Address

申请人签名 Applicant's signature
日期 Date
批准人签名 Authorised signature
日期 Data

* 本人愿遵守图书馆规章

备注:凡新加坡公民或永久居民,均可申请成为图书馆 会员,会员费每年十元,一次过交付二十元者,可获得 三年会员资格,借阅书籍的条例以图书馆章程为准。

* I agree to abide by the rules and regulation of TCM

Note: - membership is open to all Singapore citizen and PR.

- S\$10 for one year membership
- S\$20 for three years membership
- Terms and Conditions apply