



**Canadian Association of Singapore**  
**L'Association Canadienne de Singapour**

10 Claymore Hill, Singapore 229573 • Tel: 6734-5954 • Fax: 6738-2726 • e-mail: info@canadians.org.sg • website: www.canadians.org.sg

**Membership Application**

Membership Number \_\_\_\_\_

**New**  **Renewal**

Last Name: _____		First Name: _____	
Address: _____			
City: _____		Province: _____	
Country: _____		Post Code: _____	
( ) Email: _____		Mobile: _____	
Company: _____			
Work Phone: _____		Home Phone: _____	
Spouse/Partner: _____			
Company: _____			
Work Phone: _____		Mobile: _____	
( ) Email: _____			
Please tick (✓) the email address that all CAS activity should be sent to.			
Children Residing In Singapore:		(Day/Month/Year)	
Name: _____	DOB: _____		
Name: _____	DOB: _____		
Name: _____	DOB: _____		
Name: _____	DOB: _____		
Name: _____	DOB: _____		
Name: _____	DOB: _____		

**Liability Waiver**

**Attachment 1:** In consideration of your accepting me as a member of the Canadian Association of Singapore (CAS) and permitting me to partake from time to time in any of your activities in which I may enroll myself. I, for myself, my heirs, executors or administrators remise, release and forever discharge CAS, its officers, servants and agents or other persons authorized by CAS from any or all claims, demands, actions or causes of action, on account of my death or on account of any injury (including injury resulting in death) however caused or sustained by me or for loss or damage (however caused) to my personal belongings suffered at any time during my attending the said activities.

**Attachment 2:** In consideration of your permitting my child to partake from time to time in any of your activities in which I may permit my child to enroll. I as a parent, guardian and next of kin of my said child hereby remise, release and forever discharge CAS, its officers, servants and agents or other persons authorized by CAS from any or all claims, demands, actions or causes of action, on account of my child's death or on account of any injury (including injury resulting in death) however caused or sustained by my child or for loss or damage (however caused) to my child's personal belongings suffered at any time during my child's attending the said activities.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse/Partner: \_\_\_\_\_ Date: \_\_\_\_\_

**Annual Membership Dues:**      **Family: S\$120.00**       **Single: S\$90.00**

**Semi-Annual Dues:**      **Family: S\$75.00**       **Single: S\$50.00**

*Payment by cash or cheque crossed and payable to: Canadian Association of Singapore*

Membership period: October 1<sup>st</sup> to September 30<sup>th</sup>. Semi-Annual : April 1<sup>st</sup> to September 30<sup>th</sup>.

Please note that membership is only accepted when payment is made in full.

Please tick (√) all that apply:

- Dragon Boat Member ( )
- Youth Hockey ( )
- CIS Teacher ( )
- Dragon Boater ( )

**\* Volunteer Opportunities**

**Please let us know if you are interested in getting involved in any of the following:**

- |                               |                          |
|-------------------------------|--------------------------|
| Executive Committee ( )       | Office Support ( )       |
| Thanksgiving Dinner (Oct) ( ) | Youth Hockey ( )         |
| Teddy Bear Drive (Dec) ( )    | Sponsorship ( )          |
| Maple Leaf Ball (April) ( )   | Dragon Boating ( )       |
| Maple Leaf Times Magazine ( ) | Activities Committee ( ) |

Please list any special activities or events that you would like to see organized by the Canadian Association of Singapore.

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Please list any particular qualifications you may be able to offer to the Canadian Association of Singapore.

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<p><b>Office Use Only</b></p> <p>Amount paid: _____ Cash: _____ Cheque Number: _____</p> <p>Bank: _____ Name on Cheque: _____</p> <p>Receipt Number: _____</p>
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