

**TAX INVOICE**GST REG NO. M9-0005212-G  
BUSINESS REG NO. 31495-9CHARGES : \$ \_\_\_\_\_  
(inclusive of GST)**SINGAPORE AMERICAN COMMUNITY ACTION COUNCIL**  
40 Woodlands St. 41, Singapore 738547. Tel: 6363-6454 Fax: 6368-9757  
sacac@sas.edu.sg www.sacac.com**PAID**CASH \_\_\_\_\_  
NETS \_\_\_\_\_  
BANK \_\_\_\_\_  
CHECK # \_\_\_\_\_  
IN \_\_\_\_\_  
RB \_\_\_\_\_

Reg. # \_\_\_\_\_

**SINGAPORE AMERICAN COMMUNITY ACTION COUNCIL**  
**2008/2009/\_\_\_\_\_ MEMBERSHIP APPLICATION**JOIN IN  JUL-SEPT  OCT-DEC  JAN-MAR  APR-JUN**Please check one:** \_\_\_\_\_ **New Member** \_\_\_\_\_ **Renewal**

Father's Name (Family) \_\_\_\_\_ (Given) \_\_\_\_\_

Mother's Name (Family) \_\_\_\_\_ (Given) \_\_\_\_\_

Children's Name	School	Date of Birth DD-MM-YY	Grade	Gender M or F
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Home Address \_\_\_\_\_  
\_\_\_\_\_ (Postal Code) \_\_\_\_\_

Home Tel # \_\_\_\_\_ Home Fax # \_\_\_\_\_ Father's HP \_\_\_\_\_ Mother's HP \_\_\_\_\_

Contact Email (s) \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Contact person \_\_\_\_\_ Emergency contact # \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Annual Family Membership: S\$150 + 7% GST = \$160.50*Please mail your crossed check, made payable to "SACAC", and the completed application form to SACAC, c/o SAS,  
40 Woodlands Street 41, Singapore 738547.