



CHIJ OUR LADY OF GOOD COUNSEL

Established 1960

2C Burchley Drive
Singapore 558979
Tel: 6288 6930 Fax: 6281 4132
Email: chijolgcs@moe.edu.sg

Alumnae Member Registration Form (For Adults including Tertiary Students)

Part A: Personal Particulars

Full Name: _____

NRIC/Passport No.: _____

Race: _____

Religion: _____

Nationality: _____

Date of Birth: _____

Current Job Description: _____

Company Name: _____

Part B: Contact Details

Address: _____

Home Tel. No.: _____ Mobile No.: _____

Email Address: _____

Part C: Other Information

Graduating Class of _____

Graduation Year: _____



National Arts Education
Spark Award
2011/2012



Aesthetics
2010/09/07



Sports
2009/08





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Part D: Areas in which you are able to render help

| # | Areas | Please tick (☐). You may tick more than 1 area. |
|---|--|---|
| 1 | Sports/Games (Coaching) | |
| 2 | Tutoring/Mentoring Please specify subject(s) & level(s): _____ | |
| 3 | Conducting Workshops for Students (leadership, career awareness talks, etc..) | |
| 4 | Webpage-designing | |
| 5 | School Events (e.g. Family Fun Day, Meet Your Former Teachers Tea Party, etc.) | |
| 6 | Fund Raising | |
| 7 | Others Please specify: _____ | |

I am keen to be part of OLGC Alumnae (Adult) organizing committee.

Yes No

Signature of Applicant & Date: _____



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