

药师行愿会

Buddha of Medicine Welfare Society

11, Lorong 25 Geylang Singapore 388293

Tel: 6741 9969 Fax: 6741 9939

2020 售旗日志愿义工申请表
Flag-day Volunteer Application Form
12-09-2020(星期六)

姓名 (中):

Name (英):

男 Male

女 Female

** 身份证号码 NRIC No.:

地址 Address:

Singapore ()

住家电话 Home:

办事处电话 Office:

手机 HP:

参加人数 Number of Participants: _____ 人

善款箱领取方式: 当天到流动站领取 提前到本会领取

T-恤 数量及尺码 Quantity & Size of T-Shirts

XS

S

M

L

XL

XXL

For office use only

乐捐罐数量 No. of Tins taken:

编号 Tin No.	Remarks	Time Taken	Time Return

日期 Date: _____

签名 Signature: _____

* Under THE HOUSE TO HOUSE AND STREET COLLECTIONS ACT, you are required to provide NRIC for identification purpose.

In compliance with PDPA ACT, you agree that Buddha of Medicine Welfare Society may collect, use and disclose your personal data, as provided in this application form. We assure you that we will undertake proper safeguarding measures to protect your personal data (including NRIC No.) under our care.