FRIENDS OF SSO APPLICATION FORM
Fax 6336 7234 Mail SSO Friends Officer, 11 Empress Place, Ground Floor, Victoria Concert H Singapore 179558.

Yes, I want to be a Friend of the SSO!
☐ $1000 Platinum ☐ $500 Gold ☐ $200 Silver ☐ $75 Friend

Name (Prof/Dr/Mr/Mrs/Ms): _____
(Please underline surname)

Name to appear on membership card (*max. 20 characters):* _____

Date of Birth: _____ NRIC/Foreign ID No.*: _____

Address: _____ Postal Code: _____

Tel (H): _____ (O): _____ (HP): _____

Fax: _____ Email: _____

☐ YES, I would also like to sign my child up for the Young Friends Mailing List at no additional cost!

Name of child: _____ Sex: M / F

Date of birth: _____

PAYMENT MODE
☐ Cheque ***Please make cheque payable to Singapore Symphonia Company Limited***

☐ Credit Card: ☐ Visa ☐ Mastercard ☐ Amex

Card No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiry date: _____ 3-digit code: _____ NRIC/FIN*: _____

(For Visa/Mastercard, please include the 3-digit security code that is printed on the back of your credit card just above the signature panel.)

Cardholder's signature _____

_____ _____
Signature of Applicant Date

As required by IRAS for auto inclusion for Tax Exempt Donation.

Please Note: Memberships are valid for a period of 12 months. Upon receipt of your application, you will receive your letter of receipt in a week, and your Friend of the SSO card within four weeks.

I WOULD LIKE TO SHARE THE LOVE OF MUSIC
Share the love of music and get a complimentary pair of top-priced tickets to a subscription concert of your choice. Simply fill in your details here and pass this form to that special someone.

Name (Prof/Dr/Mr/Mrs/Ms):_____
(Please underline surname)

Membership No. _____ Contact No. _____