



Be a **Member Today!** Membership is FREE!

Please fill this section of the application to complete your registration: (IN BLOCK LETTERS).

First Name : _____ Last Name : _____

NRIC : _____ DOB : / /

Email : _____ Gender : Female Male

School's Name : _____

Mailing Address : _____

_____ Designation : _____

Postcode : _____ Town : _____ State : _____

Tel : (H) _____ (O) _____ (Hph) _____

What ages do you teach?

- Below 3
 3 - 6
 7 - 9
 10 - 13
 14 - 18
 19 - 21
 Above 21

I prefer to receive news and promotions Email
 from Scholastic Teachers' Club by Mail

Which best describes the school you teach in?

- | | | |
|--|--|--|
| <input type="checkbox"/> Childcare/Nursery | <input type="checkbox"/> Vernacular Primary School (SRJC/SRJT) | <input type="checkbox"/> Private Secondary School |
| <input type="checkbox"/> Private preschool | <input type="checkbox"/> National Secondary School | <input type="checkbox"/> Private Tutor |
| <input type="checkbox"/> Franchise preschool | <input type="checkbox"/> Integrated/Vision School | <input type="checkbox"/> International Syllabus School |
| <input type="checkbox"/> National Primary School | <input type="checkbox"/> Private Primary School | <input type="checkbox"/> Homeschool |

Others (pls specify): _____

I hereby agree to abide by the Terms & Conditions as stated in this application form.

Signature : _____ Date : _____

Please mail this completed form back to Scholastic Singapore #05-04, CISCO Centre II, 20 Jalan Afifi, Singapore 409197 or fax to (55) 6746 6085. Your membership card will be mailed to you in about 4 weeks. Alternatively, you can also download this application form at www.scholastic.com.sg

FOR OFFICE USE ONLY	
Card Serial Number: 2008 -	<input type="text"/>
Date Activated: _____	SC: _____