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| **APPLICATION FOR MEMBERSHIP** |
|  | **Referred by:**  |
| NAME: *(Underline Surname)* |  |
| DATE OF BIRTH: |  | NRIC/PASSPORT: |  |
| CITIZENSHIP: |  | OCCUPATION/POSTION: |  |
| NAME OF COMPANY / ORGANISATION: |  |
| ADDRESS (Office): |  |
|  |
| TEL: (O) |  | MOBILE: |  | FAX: |  |
| ADDRESS (Home): |  |
|  |
| TEL: (H) |  | EMAIL: |  |
|  |
|[ ]  I declare that I am solvent and not an undischarged bankrupt |
| Please send correspondence to:  |[ ]  Office |[ ]  Home | (Please tick one) |
| **GOLF CLUB MEMBERSHIP** |  | **MEMBERSHIP NO:** |  | **GOLF CLUB MEMBERSHIP** |  | **MEMBERSHIP NO:** |
| **Home Club:** |  |  |  | 3.  |  |  |
| 2.  |  |  |  | 4.  |  |  |
| * **ENTRANCE FEE:**
 | **$500.00** Ordinary/Associate  |
| * **SUBSCRIPTION FEE:**
 | **$200.00** per year |[ ]  Pro-rated - $17 per month | No of months:  |  |
| Payment Amount: |  | Cheque No: |  |
| **OR** | iBanking Payment to: (please state your name)  | **UEN: S68SS0033K** |
|  |  |  |
| **DATE** |  | **SIGNATURE OF APPLICANT** |
|  |
| I recommend this applicant for Membership with the Society |
|  |  |  |
| Proposer’s Full Name |  | Proposer’s Signature / Date |
|  |  |  |
| Seconder’s Full Name |  | Seconder’s Signature / Date |

 **MEMBERSHIP CATEGORIES**

1. **ORDINARY MEMBERSHIP**
* The minimum age for membership is 55 years
* The entrance fee is $500.00
1. **ASSOCIATE MEMBERSHIP**
* The minimum age for membership is 50 years
* The entrance fee is $500.00
* The Associate Membership will be converted to Ordinary membership on attaining the age of 55 years

**ANNUAL SUBSCRIPTION**

The annual subscription of $200.00 per year – payable on 1st January of each year

**PHOTOGRAPH**

Please submit

* One copy of colour passport size photograph with this form. **OR**
* Submit a jpg copy of your photograph to: **genadmin@ssgs.org.sg**

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|  |
| **FOR OFFICIAL USE** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Hon. Secretary |  | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Application received on: |  |  | One photo: |[ ]  JPG copy |[ ]
| **ENTRANCE FEE:** |[ ]  **$500** Ordinary/Associate |
| Annual subscription: | [ ]  | $200 P.A. | [ ]   | Pro-rated: **$17 per month** | No of Months: | Amount: | W.E.F. |

|  |  |  |  |  |
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| Membership No: |  |  | Receipt No:  |  |
| Cheque No: |  |  | Bank: |  |
| Approved by GC on |  |  | Circulated to GC on: |  |
| Remarks:  |  |
|  |