

Associate Member of Singapore Golf Association

| SingaGolf                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Membership and Handicap Maintenance                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Member's Particulars     M/Ship ID:       Type of Application:     [New/Renewal/Transfer] |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| a.                                                                                        | Name as per NRIC/Passport:*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| d.                                                                                        | Nationality: c. Gender: F / M d. DOB:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| e.                                                                                        | Do you need Golfer's Insurance - (Yes / No) If yes, NRIC/FIN number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| f.                                                                                        | Corresponding Address*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| g.                                                                                        | Email address*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| h.                                                                                        | Contact Number*: HP: (Hm /Of):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| i.                                                                                        | Preferred name on Card (20 Characters)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                           | <ol> <li>cument Required:</li> <li>Fill up the above information and submit along with a passport size photograph.</li> <li>Refer to PC and Handicap issuance procedures and comply accordingly</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                           | <ol> <li>All mode of payments are to be in cash, NETs or cheque made payable to: 'SingaGolf Pte Ltd'</li> <li>The application is subjected to Club's approval; a complete refund will be made should the membership application be rejected. No other refunds once the application is accepted. No transfer out is allowed within the 1<sup>st</sup> 3months of membership.</li> <li>The Club's privileges and benefits are exclusively extended to its members only</li> <li>The membership is governed by the Club's Rules and Regulations and its Bye-laws.</li> <li>Knowledgement</li> <li>I agree and consent to my personal data being collected, used and disclosed by SingaGolf Pte Ltd and its related corporations and agents for golfing related activities.</li> <li>I here-by warrant all information in this application are true and correct.</li> </ol> |
|                                                                                           | For Office Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

Payment Received By:\_\_\_\_\_

(Name & Date)

Amount Received: \_\_\_\_\_

Cash/NETs/Cheque No:\_\_

Signature of member & Date