The Management Committee
Society of Singapore Golfers
49-B Temple Street
Singapore 058594
Tel: 6325-2125
Fax: 6323-3662

Dear Sir,

EXTENDED FAMILY SCHEME

I have read and agreed to comply with all the Rules and Regulations governing the Extended Family Scheme and hereby would like to enroll my child under the aforesaid Scheme. His/her particulars are stated below. A copy of the birth certificate is also attached for your verification.

Name	
Gender	
BC / NRIC No	
Date of Birth	
Amount & Chq No	**S$50.00** ( )

Signature of Applicant | **Name of Applicant** | **Mship No**

Date of Applicant