



ASSOCIATE MEMBERSHIP APPLICATION FORM

Part I – Personal Particulars

Full Name (as appeared in your NRIC/Passport)			
Residential/Mailing Address			Postal Code
Telephone No. (Home)	Mobile Phone No.		Fax No.
Email Address (Mandatory)			
Date of Birth	Gender	Marital Status	Nationality
Name of Employer/Company		Occupation/Designation	

Part II – Membership at Other Clubs

Name of Club:	
Type of Membership:	
Current Handicap Index:	

Part III – Payment Details

<p>Please select and tick the following categories of Associate Membership:</p> <p><input type="checkbox"/> \$90.00 (Annual Subscription Fee for Category A membership)</p> <p><input type="checkbox"/> \$50.00 (Annual Subscription Fee for Category B membership)</p> <p>NOTE: Only Category A membership will enjoy the privilege of free handicap maintenance.</p>
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Part IV – Terms and Conditions

1. I have read, understood and agree to abide by and be bound by the following:
 - (i) Constitution of the Society (as amended from time to time); and
 - (ii) Bye-Laws of the Society (as amended from time to time).

2. I acknowledge and agree that:
 - (i) Associate Membership to the Society is subject to the Society's approval of this Application. Neither the Society, nor the management or officers of the Society have any obligation to provide or disclose myself or any other person, any information concerning the processing of this Application or the reasons for the rejection or acceptance of this Application;
 - (ii) I shall have no recourse against the Society, its management or officers of the Society, should this Application be rejected;
 - (iii) This Application together with payment of the prescribed Annual Subscription Fee shall constitute a valid offer which may be accepted by the Society. The Society shall express its approval of this Application by way of a written notification which notification shall, subject to any conditions which the Society impose, be deemed a valid acceptance of this Application/Valid offer. My membership to the Society shall be effective from the date as specified by the Society;
 - (iv) This Application shall be accompanied by full payment of the prescribed Annual Subscription Fee. Subsequent annual subscription fees shall be payable on **1st January of each year** and shall be pay by way of a cheque or fund transfer;
 - (v) No refund of the Annual Subscription Fee will be made once the Society issue the Written Notification to me by way of email or ordinary mail;
 - (vi) This Application shall be governed by the laws of the Republic of Singapore; and
 - (vii) My rights, privileges and obligations as an Associate member of the Society when such membership is conferred, are personal and I shall not be permitted to transfer or assign or any rights, privileges and obligations to any third party.

3. I hereby warrant and represent that:
 - (i) I have not been declared a bankrupt or convicted of any criminal offence; and
 - (ii) All the information contained in this Application is true, correct and complete as at the date of this Application, and that Application has been completed and submitted in accordance with the application notes and instructions attached herein.

Signature of Applicant _____
Date

Part V – For Official Use Only

Application Decision Approved / Not Approved *		Approval By
Effective Date of Membership	Membership No.	Date of Approval

Revised: 28 August 2019