



Singapore Senior Golfers' Society

新加坡长春高尔夫协会

151 Chin Swee Road, #03-33A, Manhattan House, Singapore 169876

Tel: 6738 0655 Fax: 6738 3747 Email: genadmin@ssgs.org.sg

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

2. 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**

FOR OFFICIAL USE

Hon. Secretary

Date

Application received on: _____

One photo: JPG copy

ENTRANCE FEE: **\$500** Ordinary/Associate

Annual subscription:	<input type="checkbox"/>	\$200 P.A.	<input type="checkbox"/>	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: _____