



# Family Members Application Form

Membership Number \_\_\_\_\_

## APPLICANT INFORMATION

Salutation:

Mr  Mrs  Ms  Dr  Mdm  Others  \_\_\_\_\_

Gender:

Male  Female

Attach  
Photograph  
Here

Surname:

Name:

\_\_\_\_\_

\_\_\_\_\_

NRIC/Passport No:

Name to appear on Card:

\_\_\_\_\_

\_\_\_\_\_

Relation:

Nationality:

Race:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth (DD/MM/YY):

Vehicle Plate No.:

IU Number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Residential Address:

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Residential Tel.:

Mobile:

Fax:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email:

\_\_\_\_\_

As a member, we/I agree to comply with and be bound by the Constitution and By-Laws of the Club, as the same may from time to time be amended and for the time being in force.

\_\_\_\_\_  
Member's Signature/ Date

\_\_\_\_\_  
Applicant's Signature / Date