



FAMILY MEMBERS APPLICATION FORM

Membership No.:

Attach
Photograph
Here

APPLICATION INFORMATION

Salutation: Mr Mrs Ms Dr Mdm Others _____

Gender: Male Female

Surname: _____ Name: _____

Passport No / NRIC No: _____ Name to appear on Card: _____

Relation: _____ Nationality: _____ Race: _____

Date of Birth (DD/MM/YY): _____ Vehicle Plate No: _____ IU No: _____

Residential Address: _____

_____ Postal Code: _____

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