



APPLICATION TO JOIN SGA AS AN

FULL/ASSOCIATE/AFFILIATE* MEMBER

1. Club/Organisation Information

a. Registered Name of Club/Organisation* _____

b. Registration No: _____

c. Type of Club/Organisation

- i. Registered Society/Company *
- ii. Private/Public*

d. Registered Postal Address _____

e. Office Telephone: _____

f. Email Address: _____

g. Website: _____

2. If Registered Society, state:

iClub/Organisation

Objectives:

ii List of main appointment holders:

iii Total Number of members: (_____)

Contact Person: _____

Name: _____

Position: _____

Telephone: _____

Email: _____

Declaration of Applicant:

I (Name) _____ NRIC No: _____ on behalf
of the (Name of Club/organisation)
_____, hereby, submit this

application for membership in the Singapore Golf Association based on the
above information, which I declare is true and correct, to the best of my ability
and knowledge. I have read the Constitution of the SGA and understand the
membership obligations therein.

Name: _____

Position: _____

Signature: _____

Date: _____

*Delete as appropriate.