



Singapore Golf Association

Office Address : No 249 Sembawang Road, Singapore 758352

Tel : (65) 6755 5976

UEN : S61SS0189L

E-mail : sga@sga.org.sg

Website : www.sga.org.sg

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. ACRA Business Profile

e. Registered Postal Address _____

f. Office Telephone: _____

g. Email Address: _____

h. Website: _____



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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: _____



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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.