THE
SINGAPORE ISLAND
COUNTRY CLUB

Name of Member: _____
Membership No.: _____
Mailing Address: _____
_____
_____
Telephone No.: _____ **(Mobile)**
_____ **(Home)**
Email Address: _____
Date: _____

APPLICATION FOR ENROLMENT OF FAMILY MEMBERS

Dear Sir / Madam

I wish to enroll the following member(s) of my family with effect from _____.

Name of Spouse		NRIC / Passport No.	Date of Birth	Age	Occupation & Company Name	Specimen Signature
Name of Children (12 to below 21 years)	**Sex**	**NRIC / Passport No.**	**Date of Birth**	**Age**	**Name of School / College / University**	**Specimen Signature**
(Below 12 years)						

I enclose the following for the issue of membership card(s) for my spouse/children:

☐ Copy of Marriage Certificate & *Identity Card / Passport(s) of my spouse

☐ Copy(Copies) of Birth Certificate(s) & *Identity Card(s) / Passport(s) of my child(ren)

☐ One passport-size coloured photograph of my *spouse / child(ren)
(with name & membership number written on the reverse of the photograph)

With regard to the enrolment of my spouse / child(ren) , I confirm that :
(i) my spouse / child(ren) has / have not been convicted of any criminal offence under the laws of any country.
(ii) my spouse / child(ren) has / have not been expelled / suspended from any Club or has / have not been asked to resign or sell membership from any Club.
(iii) I shall be liable for all expenses incurred by my spouse / child(ren) under my account with the Club.

***Delete where applicable**

I look forward to receiving the membership card(s) to be issued to my spouse / child(ren) by ***Hand / AR Registered Mail**

Thank you.

Yours faithfully

_____
Signature of Principle Member

Please return the completed form to:

Membership Administration Department
Fax Number: 64583753
For further enquiries, please email: membership@sicc.org.sg