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KELAB GOLF SARAWAK
PETRA JAYA, 93050 KUCHING
TEL NO: 082-440966 FAX NO: 082-441733

APPLICATION FORM FOR JUNIOR/FAMILY MEMBER
Note: Please attach the Birth Certificate together with this Form (COMPULSORY)

(please tick whichever applicable)

- ✓ **JUNIOR MEMBER – (AGE OF 18 – 21 YRS OLD) - Entrance Fee: RM100.00**
- Monthly Sub. Fee: RM20.00
- ✓ **FAMILY MEMBER – (AGE OF 12 – BELOW 18 YRS OLD) - No Entrance Fee**
- Monthly Sub.Fee: RM10.00
- ✓ **CHILDREN BELOW TWELVE (12) YEARS – NO Entrance & Monthly Fees**

1. **Name: Mister/Miss**
2. **Date & Place of Birth:**
3. **Home Address and Telephone No:**
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4. **Name of School:**
5. **Primary/Form (School):**

I the father/mother of wish to declare that
I shall be solely responsible for his/her conduct and all the expenses he/she may incurred in the
Club. Also, we shall abide by the conditions so stated in the Club constitution, Article 11, 12, & 19,
Family/Junior Members and any other conditions, rules and regulations as decided by the
Management Committee in line with the Club Constitution.

Parent's Name (Father/Mother):

Membership No: Date:

Signature: