



2 copies of photograph
in driving license size

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

SUPPLEMENTARY FORM

I wish to register my spouse as a Family member.

1. SPOUSE'S NAME: _____

2. IDENTITY CARD/PASSPORT NO: _____
(Please enclose a photocopy of Identify Card or Passport)

3. DATE & PLACE OF BIRTH: _____

4. EMPLOYER: _____

5. OFFICE ADDRESS: _____

6. TELEPHONE NO: _____

7. NATIONALITY: _____

8. SPOUSE'S SIGNATURE: _____

Member's Name: _____

Membership No: _____ Signature: _____

Mailing Address: _____

Notes:

1. Please enclose 2 copies of your spouse's photo
 2. Please enclose a photocopy of your marriage certificate
- A member is only entitled to register only one(1) spouse