



MEMBERSHIP APPLICATION FORM

APPLICATION FOR (please ✓ in the appropriate box below)

☐ **GOLFING TRANSFERABLE**

☐ **LADY TRANSFERABLE**

☐ **SOCIAL TRANSFERABLE**

☐ **OTHERS** _____

For Official Use Only

REFERENCE NO: _____

MATCHING VIA: _____

PLEASE READ INSTRUCTIONS AND INFORMATION PRIOR TO COMPLETION OF THIS FORM

All applicants must complete the application form in full and must ensure that all information given is true and correct. Membership may be withdrawn at any time if it is found that any information given is untrue.

All applications for membership shall be subject to the approval of the Club, which reserves the right to accept or reject any application without having to assign any reason whatsoever.

The following documents are to be submitted together with the duly completed membership application form:

Cheque/Paynow/Bank Transfer* bearing the transacted price/transfer fee
Cheque/Paynow/Bank Transfer* bearing the S\$200 refundable deposit***
Softcopy of NRIC or passport of applicant and spouse (if applicable)
Softcopy of marriage certificate (if applying for spouse)
Softcopy of birth certificate of junior** (if applicable)
Softcopy photos for the applicant, spouse and junior (12 years old and above)
Vehicle log card / company letter if the vehicle(s) belong to the company OR if applying for 2 car decals

- * - Payment by credit card will not be accepted.
- Payments submitted with this application and accepted by the Club shall not constitute an approval of the membership application. The payments shall be refunded to the applicant in the event that the application is rejected.
- Cheques are to be made payable to "Warren Golf & Country Club".
- *** This refundable deposit is compulsory and is for each member's credit facility. Members will be billed on a monthly basis via a statement of account. This is a standard practice in the club industry. The deposit will be refunded to you when you cease to be a member of the Club.
- ** Family-junior membership is only eligible for unmarried child/children below the age of 21.



**Please delete as appropriate.*

PART ONE (TO BE COMPLETED BY APPLICANT / TRANSFEREE)

I. PERSONAL PARTICULARS

Mr / Ms / Mrs / Mdm / Dr*

Name: _____
(in block letters as in NRIC/Passport) (Please Underline Surname)

Name to be Printed on Card: _____

NRIC / Passport No.: _____

Nationality: _____ Race: _____

Date of Birth: _____ / _____ / _____
Day Month Year

Residential Address: _____

_____ Postal Code: _____

Contact No. Home: _____ Office: _____

HP: _____ Fax: _____

Email Address: _____

Marital Status: Single / Married / Divorced / Widowed*

Name of Employer: _____

Nature of Business: _____ Occupation: _____

Address of Company: _____

_____ Postal Code: _____

II: CORRESPONDENCE

Mailing Address: Residential / Office / Others*

Others (please specify): _____

_____ Postal Code: _____



III: SPOUSE PARTICULARS

Mr / Ms / Mrs / Mdm / Dr*

Name of Spouse: _____
(Please Underline Surname)

Name to be Printed on Card: _____

NRIC / Passport No.: _____

Nationality: _____ Race: _____

Date of Birth: _____ / _____ / _____
Day Month Year

Contact No. HP: _____ Office: _____

Email Address: _____

IV: CHILDREN PARTICULARS

	Name of Child	Date of Birth	Sex	NRIC/Passport No.
1.	_____	____ / ____ / ____	M / F*	_____

Name to be Printed on Card (if applicable): _____

2.	_____	____ / ____ / ____	M / F*	_____
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Name to be Printed on Card (if applicable): _____

3.	_____	____ / ____ / ____	M / F*	_____
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Name to be Printed on Card (if applicable): _____

4.	_____	____ / ____ / ____	M / F*	_____
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Name to be Printed on Card (if applicable): _____

V: VEHICLE PARTICULARS

Ownership of the vehicle(s) must belong to you or a family member(s) registered with the Club.

	Vehicle Registration No.	Owner	IU / OBU number
1.	_____	_____	_____

2.	_____	_____	_____
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Note: Applicant applying for 2nd car label will have to show documentary proof of ownership of both vehicles.



VI: OTHER INFORMATION

1. Have you been previously rejected for membership application or expelled by any clubs? **Yes / No**
If yes, please provide details:

2. Are you related to any member or staff of Warren Golf & Country Club? **Yes / No**
If yes, please provide details:

Note: By signing this membership application form, you agree that the Club may collect, use and disclose your personal data, as provided in this application form, or (if applicable) obtained by the Club as a result of your membership, for the following purposes in accordance with the Personal Data Protection Act 2012:

- (a) the processing of this membership application including putting up data on the Club's notice board;
- (b) the administration and management of members' relations with the Club;
- (c) provision of information to members about the Club's services, facilities, events, and/other benefits which are open to members;
- (d) publicity purposes and news in the Club's publication or on the Club's notice board;
- (e) such other purposes as the Management Committee may deem necessary; and
- (f) where legally bound to do so, to disclose your personal data to the relevant authorities.

PART TWO (APPLICANT / TRANSFEREE UNDERTAKING AND DECLARATION)

I, _____, NRIC/Passport No. _____, that my application is irrevocable at any time and is subject to the approval of the Management Committee. I declare that:

- I have not been declared a bankrupt or convicted of any criminal offences.
- I understand my decision to purchase the Membership is irrevocable.
- I agree and undertake to be conversant with and abide by all the terms and clauses in the Club Constitution and Club Rules in force, and any amendments to the Club Constitution or Club Rules which the Club may make from time to time.
- I declare that the information provided by me is true and correct. If found otherwise, my name may be struck off from the Club's Register.

Signature of Applicant

Date

For Official Use Only

Date Received: _____	Received By.: _____
Amount Received: (Cheque / Cash) _____	Receipt No. (if any): _____
Verified By: _____	Remarks (if any): _____



GOLF HANDICAP DECLARATION FORM

Please complete the form and tick (✓) at the applicable box:

Member Name (Principle)		Membership No	
Email Address		Contact No	
☐ I have a valid WHS Handicap Index	Home Club _____	WHS Handicap Index: ____	
☐ I do not have a valid WHS Handicap Index			
Spouse Name			
☐ I have a valid WHS Handicap Index	Home Club _____	WHS Handicap Index: ____	
☐ I do not have a valid WHS Handicap Index			
Junior Name			
☐ I have a valid WHS Handicap Index	Home Club _____	WHS Handicap Index: ____	
☐ I do not have a valid WHS Handicap Index			

Important Notes

1. For member's who wish to transfer their handicap to WGCC, please notify your current Home Club to initiate the transfer to Warren Golf & Country Club (WGCC) via SGA Centralised Handicapping System (CHS). *Applicable to SGA Ordinary and Associated Clubs only.
2. Members' handicap maintaining at authorized golf associations or clubs affiliated to USGA are required to provide documents (e.g. handicap card or club official letter) and email to Golf Department at golf@warren.org.sg for verification if they wish to maintain their handicap with WGCC.
3. There will be a maintenance fee of \$120.00+ (subject to GST) per annum for Social Members if they wish to maintain their handicap with WGCC.
4. For more information of obtaining golf handicap at WGCC, please contact Golf Department via email at golf@warren.org.sg

Signature of Principal Member

Date