



WARREN
GOLF & COUNTRY CLUB

MEMBERSHIP APPLICATION FORM

APPLICATION FOR (please ✓ in the appropriate box below)

- GOLFING TRANSFERABLE**
- LADY TRANSFERABLE**
- SOCIAL TRANSFERABLE**
- OTHERS** _____

<i>For Official Use Only</i>
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 Membership may be withdrawn at any time if it is found that any information given is untrue.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/Cash/NETS/Bank Transfer* bearing the transacted price/transfer fee
Cheque/Cash/NETS/Bank Transfer* bearing the S\$200 refundable deposit**
Photocopy of NRIC or passport of applicant and spouse (if applicable)
Photocopy of marriage certificate (if applying for spouse)
Photocopy of birth certificate of child/children*** (if applicable)
2 coloured passport-sized photos for the applicant and 2 coloured passport-sized photos for the applicant's dependent(s) (Soft copies of photos are preferred)
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.



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**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: _____



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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
1.	_____	_____

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



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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 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): _____



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PART THREE (TO BE COMPLETED BY SELLER / TRANSFEROR)

Name of Seller / Transferor: _____

Membership No.: _____ Type of Membership: _____

I _____, NRIC/Passport No. _____,
wish to apply for the transfer of my membership in accordance with the Club Constitution and
Club Rules.

I have read the TERMS AND CONDITIONS and understand that my decision to transfer my
membership to the **Buyer / Transferee** is irrevocable and that this application is subject to the
approval of the Management Committee. I am willing to stop signing chits, settle all debts and
disclaim all membership privileges from the date of acceptance of the applicant as a member
of the Club and return all membership cards, lockers (if any) and car stickers.

Signature of Seller / Transferor

Date

For Official Use Only

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



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HANDICAP & GOLF INSURANCE DECLARATION FORM

Kindly tick each item applicable to you and then fill in the appropriate blank(s):

Name (Principal Member)	
Membership No.	
<input type="checkbox"/> I have a valid USGA Handicap Index maintained at _____. My current Handicap Index is _____.	
<input type="checkbox"/> I do not have a valid USGA Handicap Index and would want to attain my handicap through Warren Golf & Country Club's procedure.	
Spouse	
<input type="checkbox"/> I have a valid USGA Handicap Index maintained at _____. My current Handicap Index is _____.	
<input type="checkbox"/> I do not have a valid USGA Handicap Index and would want to attain my handicap through Warren Golf & Country Club's procedure.	
1st Child	
<input type="checkbox"/> I have a valid USGA Handicap Index maintained at _____. My current Handicap Index is _____.	
<input type="checkbox"/> I do not have a valid USGA Handicap Index and would want to attain my handicap through Warren Golf & Country Club procedure.	
2nd Child	
<input type="checkbox"/> I have a valid USGA Handicap Index maintained at _____. My current Handicap Index is _____.	
<input type="checkbox"/> I do not have a valid USGA Handicap Index and would want to attain my handicap through Warren Golf & Country Club procedure.	



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3rd Child	
<input type="checkbox"/> I have a valid USGA Handicap Index maintained at _____.	
My current Handicap Index is _____.	
<input type="checkbox"/> I do not have a valid USGA Handicap Index and would want to attain my handicap through Warren Golf & Country Club procedure.	

Member (Principal)	<input type="checkbox"/> I have a valid Golfers Insurance <input type="checkbox"/> I do not have any Golfers Insurance and would like to opt in for Warren Golf & Country Club Golfers Insurance.
Spouse	<input type="checkbox"/> I have a valid Golfers Insurance <input type="checkbox"/> I do not have any Golfers Insurance and would like to opt in for Warren Golf & Country Club Golfers Insurance.
1st Child Age _____	<input type="checkbox"/> I have a valid Golfers Insurance <input type="checkbox"/> I do not have any Golfers Insurance and would like to opt in for Warren Golf & Country Club Golfers Insurance.
2nd Child Age _____	<input type="checkbox"/> I have a valid Golfers Insurance <input type="checkbox"/> I do not have any Golfers Insurance and would like to opt in for Warren Golf & Country Club Golfers Insurance.
3rd Child Age _____	<input type="checkbox"/> I have a valid Golfers Insurance <input type="checkbox"/> I do not have any Golfers Insurance and would like to opt in for Warren Golf & Country Club Golfers Insurance.

Important Notice

1. Warren Golf & Country Club under the purview of the Singapore Golf Association is licensed to maintain & issue its Ordinary members a valid USGA Handicap Index.
2. To obtain a USGA Handicap, members may call the Golf Department
Tel: 6586 1240 / 277
Fax: 6586 1259
Email: golf@warren.org.sg
3. Members may write in to the Warren Golf & Country Club Handicap Committee or the Golfing Department to enquire all matters pertaining to the USGA Handicapping.
4. Members are required to submit any documentary proof of their Handicap Index.
 - a. Copy of Handicap Card
 - b. Letter of validation from the authorised club and its Handicap Differentials.
5. Only Handicap Certificates or Proficiency Certificates (PCs) issued by SGA affiliated clubs shall be recognised.
6. Members are required to submit a copy of any documentary proof of their Golfers Insurance.