

MEMBERSHIP FORM

Please bring two passport size photos of member & one each of family members.



Full Name: _____ Age: _____

Name of Spouse: _____ Age: _____

Name of Children (up to 15 years) for family membership _____ NIC/PP Nr.: _____

Name of Child	Date of Birth
1	_____
2	_____
3	_____

Residential Address: _____ Telephone: _____ Fax: _____

Company: _____ Designation: _____

Company Address: _____ Telephone: _____ Fax: _____

Next of Kin: _____ Tel. No. for Emergency: _____

Type of Membership required:

	Previous Nr.:	New Nr.:
<input type="checkbox"/> Single	<input type="checkbox"/> Couple	<input type="checkbox"/> Family
<input type="checkbox"/> Monthly	<input type="checkbox"/> Six Months	<input type="checkbox"/> One Year

Kindly give two references

1. Name: _____ 2. Name: _____
Address: _____ Address: _____
Telephone: _____ Telephone: _____

I/We hereby confirm that I/we have read the Terms of Membership/General Information/Rules & Regulations and fully accept and understand them, including the right of admission.

Member's signature: _____ Spouse's signature: _____

Date: _____