



# SINGAPORE CRICKET CLUB

## APPLICATION / CESSATION FOR FAMILY MEMBERSHIP

Name \_\_\_\_\_ Membership No \_\_\_\_\_

I wish to apply for family membership for the following with immediate effect.

### Spouse/Child

### Office Address

Name \_\_\_\_\_

IC/Passport No \_\_\_\_\_

Nationality \_\_\_\_\_ Occupation/Designation \_\_\_\_\_

Date of Birth \_\_\_\_\_ Tel / Fax No \_\_\_\_\_

Mobile Number \_\_\_\_\_

Email Address: \_\_\_\_\_ Spouse/Child's Signature \_\_\_\_\_

**Application form, duly completed, should be submitted together with two recent passport-sized photographs, photocopy of marriage certificate/birth certificate and photocopy of identification card/passport of the above applicant(s).**

I wish to join the following sports/social section(s) with immediate effect and agree to pay the relevant monthly section fee(s) for a **minimum period of 12 months**. (Please tick the appropriate boxes)

	<b>Fees Per Mth (\$)</b>		<b>Fees Per Mth(\$)</b>		
<input type="checkbox"/>	Balut	10.70	<input type="checkbox"/>	Netball	10.70
<input type="checkbox"/>	Billiards/Snooker	5.35	<input type="checkbox"/>	Rugby	26.75
<input type="checkbox"/>	Bowls	10.70	<input type="checkbox"/>	Football	16.05
<input type="checkbox"/>	Bridge	7.49	<input type="checkbox"/>	Squash	7.49
<input type="checkbox"/>	Cricket	16.05	<input type="checkbox"/>	Tennis	4.28
<input type="checkbox"/>	Darts	6.42	<input type="checkbox"/>	Wine	10.70
<input type="checkbox"/>	Golf ( <b>Handicap</b> ): _____	10.70	<input type="checkbox"/>	JSM Support	8.56
<input type="checkbox"/>	Hockey	16.05	<input type="checkbox"/>	Fund #	

### I understand that:

1. The chits signed by the family member(s) under my Membership number as shown above will be debited to my account.
2. A monthly subscription of S\$32.10 per month for each family member will be debited to my account.
3. Any correspondence (including sports/social section circulars) in respect of the above Membership will be sent to the same mailing address as shown in the Club records under my Membership number.

I wish to cease the following family membership(s) with effect from \_\_\_\_\_

Name of Family Member(s): \_\_\_\_\_ Membership No \_\_\_\_\_

\_\_\_\_\_  
**Principal Member's Signature**

\_\_\_\_\_  
**Date**

The above rates are inclusive of 7% Goods and Services Tax (GST)

# The Junior Sports Membership (JSM) Support Fund is used for tours, coaching and financial support for JSM conversion.