



**SIA GROUP
SPORTS CLUB**

**APPLICATION FOR
GROUP ASSOCIATE MEMBERSHIP**

SIA GROUP SPORTS CLUB
726 Upper Changi Road East, Singapore 486046 TEL: 6214 8168

Please
attach 1
recent
passport
size

APPLICATION FOR GROUP ASSOCIATE MEMBERSHIP

Name: _____
(IN BLOCK LETTERS)

DOB: _____ NRIC / Passport No: _____

Citizenship: _____ Sex: Male / Female*

Home Address: _____

Tel No: _____ (H) _____ (O) _____ (HP)

Vehicle No: _____ Vehicle IU No: _____
(A copy of your Vehicle Registration Card to be attached)

Name of Employer: _____ Staff No.: _____

Address of Employer: _____

_____ Date joined company: _____

Designation: _____ Grade: _____

Email: _____

Names of other Clubs of which you are/were a member and duration of membership.

_____ (_____ years)

_____ (_____ years)

_____ (_____ years)

My Interests are:

Sports	
Hobbies	
Others	

Family Details (For Family Membership Only):

Name of Spouse as in NRIC/Passport			Date of Birth
NRIC/Passport* No	Occupation	Contact No (Mobile)	(Office)
Email			

*Delete where inapplicable

(One recent passport size photograph of spouse to be accompanied, if applicable)

Particulars of children under 18 years of age:

No	Name of Child	Gender	Date of Birth	BC/NRIC No
1				
2				
3				

(One recent passport size photograph of child/children below 12 & 17 years old to be accompanied, if applicable)

Note: Children between 18 and below 26 years of age are eligible to apply for Junior Membership at a monthly subscription of \$5.00 per child provided they are in full-time National Service or are attending full-time studies in a recognized educational institution.

DECLARATION BY APPLICANT – I, the applicant named above, apply for Group Associate Membership and undertake to make myself conversant with the Constitution, Rules & Bye-Laws of the Club and to abide by them.

Applicant’s Signature: _____ Date: _____

Endorsement by Company Human Resource Division:

Name: _____ Signature: _____

Designation: _____ Date: _____

Company Stamp: _____

FOR OFFICIAL USE ONLY

1. Date received _____

2. Date application approved/rejected by Committee _____

3. Payment received on _____

4. Allotted Membership No _____



INTERBANK GIRO APPLICATION FORM

Please complete PART 1 of this form and return to the Billing Organisation.

Part 1: For Applicant's Completion (fill in the spaces indicated with a ✓)	
✓ Date:	✓ Name of Billing Organisation ("BO"): SIA GROUP SPORTS CLUB
✓ To: Name of Bank / Finance Company:	✓ BO's Customer Name:
✓ Branch:	✓ BO's Customer Reference No:

- (a) I/We hereby instruct you to process the BO's instructions to debit my/our account.
- (b) You are entitled to reject the BO's debit instruction if my/our account do / does not have sufficient funds and charge me/us a fee for so doing. You may also, at your discretion, allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- (c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.
- (d) It is the BO's responsibility to inform banks upon the expiry of this authorisation and to ensure no deductions are made thereafter.

My/Our Name(s):

My/Our Contact Tel/Fax/Mobile Tel:

✓ _____

✓ _____

My/Our Account No:

My/Our Company Stamp/Signature(s)/Thumbprint(s):

✓ _____

✓ _____

(As in Bank/Finance Company's records)

Note: For thumbprints, please go to branch with your identification.

Part 2: For Billing Organisation's Completion

Bank	Branch	BO's Account No
7	3	7 5 0 4 0 1 4 0 3 0 1 5 9 1 7

BO's Customer Ref No

Bank	Branch	Account No to be debited

Part 3: For Bank / Finance Company's Completion

To: The Manager	(Name & Address of BO)
Attn:	

This application is hereby REJECTED (please tick) for the following reason(s):

- Signature/Thumbprint # differs from Bank's/Finance Co's records
- Signature/Thumbprint # incomplete/unclear #
- Account operated by signature/thumbprint #
- Wrong account number
- Amendments not countersigned by customer
- Others: _____

Name Of Approving Officer
Please delete where inapplicable

Authorised Signature

Date