



ROYAL KLANG CLUB

APPLICATION FORM **FAMILY MEMBERS ABOVE 15 AND UNDER 18 YEARS OF AGE**

FULL NAME :

I.C / PASSPORT NO : NATIONALITY :

DATE OF BIRTH : AGE :

HOME ADDRESS :

.....

TEL. NO : HAND PHONE NO :

NAME & ADDRESS OF SCHOOL / COLLEGE OR UNIVERSITY (IF APPLICABLE)

.....

..... TEL. NO :

MOTHER'S NAME :

FATHER'S NAME : A/C. NO :

H/P. NO :

PERIOD REQUESTED FROM : TO

SIGNATURE OF APPLICANT : DATE :

Please enclose 1 photocopy I/C. 1 copy I/C Seize Photograph of Child.

Gym: Usage from 10am - 6pm only

* Rule 15.1 applies

NAME OF CANDIDATE :

Letter of Undertaking by Parent.

Name of Member : A/C. No :

I refer to my son / daughter (name) who wishes to extend his / her Privilege Membership and hereby confirm that the charges for the membership card of RM 30/- shall be charged to my account.

Signature of parent (Member) : Date :