

ROYAL KLANG CLUB

APPLICATION FORM FAMILY MEMBERS ABOVE 18 AND UNDER 25 YEARS OF AGE

LC / PASSPORT NO:	FULL NAME:			
DATE OF BIRTH: AGE: HOME ADDRESS: TEL. NO: HAND PHONE NO:				
HOME ADDRESS: TEL. NO: HAND PHONE NO: MAME & ADDRESS OF COLLEGE OR UNIVERSITY TEL. NO: TEL. NO: MOTHER'S NAME: FATHER'S NAME: A/C. NO: HP. NO: MOTHER'S NAME: A/C. NO: MOTHER'S NAME: DATE: MOTHER'S NAME: MOTHER'S N				
TEL. NO:				
TEL. NO:				
TEL. NO: TEL. NO: MOTHER'S NAME: FATHER'S NAME: A/C. NO: H/P. NO: SIGNATURE OF APPLICANT: Please enclose I copy of the following documents with this application: 1. Identification card 2. Passport size photograph 3. Student card / Pass / ID *Rule 15.8 applies NAME OF CANDIDATE: Letter of Undertaking by Parent. Name of Member: I refer to my son / daughter (name) who wishes to extend his / her Privilege Membership and hereby confirm that the monthly subscription of RM 30/- together with other chargeable incurred shall be charged to my account.				
TEL. NO: MOTHER'S NAME: FATHER'S NAME: A/C. NO: H/P. NO: SIGNATURE OF APPLICANT: DATE: Please enclose 1 copy of the following documents with this application: 1. Identification card 2. Passport size photograph 3. Student card / Pass / ID *Rule 15.8 applies NAME OF CANDIDATE: Letter of Undertaking by Parent. Name of Member: I refer to my son / daughter				
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MOTHER'S NAME:				
FATHER'S NAME:				•••••
H/P. NO:				
PERIOD REQUESTED FROM:	FAIRER S NAME:		A/C. NO:	
SIGNATURE OF APPLICANT:	H/P. NO:			
SIGNATURE OF APPLICANT:	DEDIOD DEOLIESTE	ED EDOM .	TO	
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I refer to my son / daughter	22.6.1			
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Signature of parent (Member): Date:	Privilege Membersl	hip and hereby confirm that the mon	` '	
	Signature of parent	(Member)	Date:	

FOR OFFICE USE ONLY

NAME OF MEMBER	:	A/C. NO:	
NAME OF CANDIDATE	:		
APPLICATION RECEIVE	D ON:		
SIGNATURE OF CLUB M	IANAGER :		
APPROVED BY GENERA	L COMMITTEE :		
DATE JOINED :		MEMBERSHIP EXPIRES ON	:
ACCOUNT NUMBER :			