



ROYAL KLANG CLUB

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

FULL NAME :

I.C / PASSPORT NO : NATIONALITY :

DATE OF BIRTH : AGE :

HOME ADDRESS :

.....

TEL. NO : HAND PHONE NO :

NAME & ADDRESS OF COLLEGE OR UNIVERSITY

.....

..... 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 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 : A/C. No :

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.

Signature of parent (Member) : Date :

FOR OFFICE USE ONLY

NAME OF MEMBER : A/C. NO :

NAME OF CANDIDATE :

APPLICATION RECEIVED ON :

SIGNATURE OF CLUB MANAGER :

APPROVED BY GENERAL COMMITTEE :

DATE JOINED : MEMBERSHIP EXPIRES ON :

ACCOUNT NUMBER :