



KGRP
KELAB GOLF &
REKREASI PETRONAS

ORDINARY MEMBERSHIP FORM

Affix recent
Photograph
and attach

MEMBERSHIP NO:

OR NO:

Golfer

Non-Golfer

Name

Address

Postcode Place of Birth

NRIC No. / Pass No Sex Male Female

Nationality Marital Status Single Married

Phone Number Date of Marriage

Email Spouse Name

Spouse NRIC

| Name of Children (Below 18/21)* | Date of Birth | NRIC/Passport |
|---------------------------------|---------------|---------------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |
| 4) _____ | _____ | _____ |
| 5) _____ | _____ | _____ |

EMPLOYMENT

Company Name

Address

Postcode Tel. No

Staff Number

Permanent

Contract

I hereby apply to become a member of Kelab Golf & Rekreasi PETRONAS, and if admitted, I agree to abide by the Constitution, Rules and Regulation of the Club. I certify that the above information is true and complete. I fully realize that any omission or falsification of information will be considered sufficient reason for rejection of this application or if admitted for dismissal. I hereby authorize my employer to deduct my salary for the monthly subscription fee payable to Kelab Golf & Rekreasi PETRONAS.

* Dependent children shall remain on the membership of their parent until they are 18 or 21 years old if they enrolled in an educational institution and as long as they are unmarried and are financially dependent.

Signature _____

Date: _____

MEMBERSHIP DOCUMENTATIONS

KINDLY SUBMIT YOUR APPLICATION FORM TOGETHER WITH THE FOLLOWING:

1) RECENT PHOTOGRAPH

APPLICANT

SPOUSE (IF ANY)

CHILD (IF ANY)

2) PHOTOCOPY OF IC

APPLICANT

SPOUSE (IF ANY)

3) PHOTOCOPY OF WORKING PASS/PERMIT

EPEMI

PETRONAS

FOR OFFICE USE

INITIAL APPROVE

APPROVAL REF / DATE:

APPROVED

REJECTED

EXECUTIVE MM

DATE

CLUB MANAGER

DATE