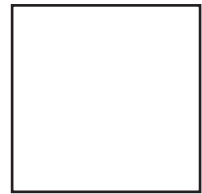




ROYAL MINGALARDON GOLF & COUNTRY CLUB

Term Membership Application Form



Individual Membership

Date _____

(1) Applicant Name _____ Male / Female (2) Nationality _____

(3) Passport No. / ID Card No. _____ (4) Date of birth _____

(5) Marital Status _____ (6) Occupation _____

(7) Home Address _____

(8) Mobile Tel : _____ (9) Email Address : _____

Golf Information

(10) Current Handicap _____ (11) Years Of Golfing _____

(12) Regularly playing Club _____

Family Information

(13) Spouse Name _____ Date of Birth _____ Passport / ID No. _____

(14) Children (1) Name _____ (2) Name _____ (3) Name _____

Date of Birth _____ Date Of Birth _____ Date Of Birth _____

With my signature , I confirm and agree to abide by the rules and regulation of the Club.

For Official Use

Approved By
(General Manager)

Applicant Signature

Membership No. Individual _____

Valid _____ to _____