



THE SARAWAK CLUB
JALAN TAMAN BUDAYA, 93000 KUCHING
TEL: 082-242299 FAX: 082-245654
Email: membership@sarawakclub.com

APPLICATION FOR CLUB ASSOCIATE / DEPENDANT MEMBERSHIP

I (Mr/Mrs/Miss/Mdm) Club Membership No.
 Would like to include the person named as detailed below as my associate/ children member (age below the age of 21 years).

Particulars/ Details for Associate

Name :

New Identity Card No/ Passport No :

Date of Birth :

Occupation and Monthly Remuneration :

Email Address :

Contact No : (HP)(H)(O)

Associate Specimen Signature :

Dependent / Children						
Name	Specimen Signature	Date of Birth (DD/MM/YY)	Gender (F/M)	Nric No.	Email Address	Signing (Y/N)

Please include (where applicable) enclosed:-

- 1 copy passport size photos
- Photocopy of Marriage Certificate
- Photocopy of the Identity Card/Passport
- Photocopy of Birth Certificate

.....
Ordinary Member's Signature*

Date:

FOR OFFICE USE ONLY

Approved by:.....
 (General Manager)

Date: