

THE SARAWAK CLUB

Jalan Taman Budaya 93000 Kuching Sarawak

Telephone: 082-242299 Fax 082-245654 Email: membership@sarawakclub.com

APPLICATION TRANSFER TO CONNECTED ASSOCIATE/KIN MEMBERSHIP.

I (Mr/Mrs/Miss/Mdm).....
(KIN/CONNECTED PERSON) Club Membership No....., would like to include the person named as detailed below as my associates.

Particulars/Details: Associate (1) (Former Principal Member)

Name:

New Identity Card No / Passport No:

Date of Birth:

Relationship of Parties:

Email:.....H/P:.....

Associate (1) Specimen Signature:

Associate (2) (Former Associate Member)

Name:

New Identity Card No / Passport No:

Date of Birth:

Relationship of Parties:

Email:..... H/P:.....

Associate (2) Specimen Signature:

.....

Date:.....

Applicants Signature

Approved By:.....

Date:.....

GENERAL MANAGER

Please include: (Where Applicable) Enclosed.

- a. 1 copy passport size photos
- b. Photocopy of the Identity Card /Passport.