

No:

MEMBERSHIP APPLICATION FORM

Individual Membership

Kelab Rekreasi Tentera Udara



KRTU

Address:
Correspondent : P.O.Box 7367, 40712 SHAH ALAM. Selangor Darul Ehsan. Malaysia.
Club : Pangkalan Udara Subang, 40000 SHAH ALAM. Selangor Darul Ehsan. Malaysia.
Tel. No : 6(03) - 7846 1343 / 7832 5592
Fax No : 6(03) - 7846 4415 / 7832 5502
E-mail : krtu.membership@gmail.com

APPLICATION FOR MEMBERSHIP



KELAB REKREASI TENTERA UDARA

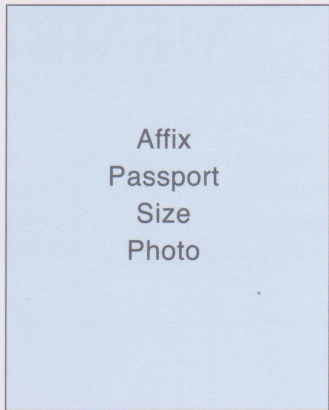
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Selangor Darul Ehsan. Malaysia.

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Email: krtu.membership@gmail.com



Affix
Passport
Size
Photo



** Please Sign/Initial inside this box
with Black Ball Point Pen.

INDIVIDUAL PARTICULARS

Rank	<input type="text"/>									
Salutation	<input type="text"/>									
Name	<input type="text"/>									
Name on Card	<input type="text"/>									
Personal ID	<input type="text"/>					<i>NRIC (New)/Passport/Service No</i>				
Old I.C No	<input type="text"/>									
Birthdate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>									
Race	<input type="text"/>									
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female									
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorce									
Business	<input type="text"/>									
Occupation	<input type="text"/>									
Income / Salary	<input type="text"/>					<i>Annual</i>				
Email Address	<input type="text"/>									
Hobby	<input type="checkbox"/> Golf <input type="checkbox"/> Tennis <input type="checkbox"/> Squash <input type="checkbox"/> Badminton <input type="checkbox"/> Martial Art <input type="checkbox"/> Swimming <input type="checkbox"/> Reading <input type="checkbox"/> Fishing <input type="checkbox"/> Others: _____									
Statement Type	<input type="checkbox"/> Individual <input type="checkbox"/> Combined <input type="checkbox"/> None									
Residence	<input type="text"/>									
Address	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>					Post Code <input type="text"/>				
Telephone No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile Phone No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer	<input type="text"/>									
Company Addr	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>					Post Code <input type="text"/>				
Telephone No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile Phone No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Billing Address	<input type="checkbox"/> Residence <input type="checkbox"/> Company <input type="checkbox"/> None									

FOR OFFICE USE

Application No	<input type="text"/>									
Membership No	<input type="text"/>					<input type="text"/>				
Category	<input type="text"/>									
Joint Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Certificate No	<input type="text"/>									
Sales Agent	<input type="text"/>									
Election Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Proposer	<input type="text"/>									
Second	<input type="text"/>									
Fee Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cash	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Charge Interest	<input type="checkbox"/>									
Reminder	<input type="checkbox"/>									
Official Receipt	<input type="checkbox"/>									
Credit Limit	<input type="text"/>									
R M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit Term	<input type="text"/>									
Currency Code	<input type="text"/>									
Tax Code	<input type="text"/>									
No. of Dependent	<input type="text"/>									

MEMBERSHIP IN OTHER GOLF CLUB

Other Club Yes No * If Yes Please Fill in Particular Below.

Name of Club(s) 1 _____
 2 _____
 3 _____
 4 _____

Membership No 1 _____ 2 _____ 3 _____ 4 _____

Current Handicap _____

S.S.S. of Course _____

Home Club _____

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Home Club Applied _____

Handicap Test _____

Golf & Sport Info _____

MOTOR VEHICLE

1st Vehicle

Registration No _____ Others _____ Year _____

Car Model _____

Owner _____

2nd Vehicle

Registration No _____ Others _____ Year _____

Car Model _____

Owner _____

3rd Vehicle

Registration No _____ Others _____ Year _____

Car Model _____

Owner _____

4th Vehicle

Registration No _____ Others _____ Year _____

Car Model _____

Owner _____

5th Vehicle

Registration No _____ Others _____ Year _____

Car Model _____

Owner _____

Car Sticker Serial No _____

Expiry Date _____

Car Sticker Serial No _____

Expiry Date _____

Car Sticker Serial No _____

Expiry Date _____

Car Sticker Serial No _____

Expiry Date _____

Car Sticker Serial No _____

Expiry Date _____

DECLARATION

1. I hereby apply to become a member of Kelab Rekreasi Tentera Udara, Subang and if admitted I agree to abide by the Constitutions, the ByeLaws and the regulations of the Club. I Certify that the forgoing information is true and Complete and fully realise that omission or falsification of information will be considered sufficient reasons for rejection of this application or for dismissal.

2. I agree that upon accepting and confirming of my membership, shall on being notified, punctually pay all monthly installments which may be due under this form of application and further agree that if any installment or part thereof shall remain unpaid for more than two consecutive months after becoming due, the Kelab shall without prejudice to any their rights conferred upon it, have the right to determine my membership and upon such determine all monies paid up by the applicant to the Kelab shall not be refundable.

Date:

Signature
of
Applicant

Please enclose payment together with your application.

All cheques should be crossed and payable to:

“KELAB REKREASI TENTERA UDARA”

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Date Receive

Applications No

Verification of Sponsors 1 Proposer

2 Seconders

Date of Interview

Membership Committee Approval on

Elected Member with effect from

Membership No

Signed by

Club Captain

Club Manager

Name (Stamp)

REMITTANCE

Date Notified By (Name) _____

Entrance Fee R M

Refundable Security Deposit R M

Subscriptions Fee R M Brief by (Name) _____

Competition Fee R M

INFORMATION RESOURCES SYSTEM

Date Receive

Checked by _____

Date

M/ship Activate

Date

Verified Data Signature

