

SINGAPORE CRICKET CLUB

		REACT	IVATION OF N	MEMBERS	HIP						
Name		Membership No:									
I have	returned	to Singapore and would	like to rejoin the a	ctive list of N	Members with effe	ct from					
			to								
	In accordance with Rule 13, I wish to apply for family membership as shown overleaf (Unless this application is made, it shall be deemed that your spouse and/or child(s) do not wish to make use of the Club facilities except as guests in accordance with the Rules.)										
	I also wish to join/rejoin the following sports section(s) and agree to pay the relevant monthly section fee(s). (Please tick the appropriate boxes) Fees Fees										
		Fees									
		Dalut	Per Mth (\$)		Nathall	Per Mth(\$)					
		Balut Billiards/Snooker	10.70 5.35		Netball Rugby	10.70 26.75					
		Bowls	7.49		Football	16.05					
		Bridge	7.49		Squash	7.49					
		Cricket	16.05		Tennis	4.28					
		Darts	6.42		JSM Support	8.56					
		Golf (Handicap):			Fund #	0.00					
		Hockey	16.05								
	the sports sections in your records. I enclose # Cash (Official Receipt No: SCC / Cheque for S\$ being deposit as required the Rules I will use Visitor Card for any transaction in the Club during my visit. Please issue a car park label for car registration no and del account for the car park fee accordingly. I do not require a car park label.										
up to a	and inclu	ring Singapore on ding the above date for rill continue to be char		re my depa	rture, failing wh						
My ove	erseas r	esidence/office addres	s is:	My presen	t local address i	s:					
Tel no		Fax no		Tel no	Fax n	o					
Email A	Address:										
		all mail to the above to		_	Local	address					
		Signature	 Date								

The above rates are inclusive of 7% GST [#] The Junior Sports Membership (JSM) Support Fund is used for tours, coaching and financial support for JSM conversion

	APPLICATION	FOR FAMILT	IVIEIVIDER	ЭПІР				
Name:			_ Membe	rship No: _				
I wish to apply for f	amily membership for th	e followina with im	nmediate effe	ect:				
Spouse	, ···	<u> </u>	ice Address					
Name -								
IC/Passport No								
Nationality								
Date of Birth		Tel	/ Fax No					
Profession		HP						
Email Address:								
Child			ice Address					
Name								
IC/Passport No								
Nationality								
Date of Birth		Tel	Tel / Fax No					
Profession		HP	_ HP					
agree to	clude the following s pay the relevant mon ck the appropriate boxe	thly section fee						
0	OFT	Fees	0	Ohild		Fees		
Spouse	Child	<u>Per</u> <u>Mth (\$)</u>	Spouse	Child		<u>Per</u> Mth(\$		
	Balut	10.70			Netball	10.70		
	Billiards/Snool				Rugby	26.75		
	Bowls Bridge	7.49 7.49			Football Squash	16.05 7.49		
	Cricket	16.05			Tennis	4.28		
	Darts	6.42			JSM Support	8.56		
	Golf	8.56			Fund #			
	(Handicap): _							
	Hockey	16.05						
shown ab The addit signed by Any corr membersi	and that the family me ove. ional subscription of them will be debited to espondence (including will be sent to the sership number.	S\$32.10 per more more more my account.	nth for each	n family n	nember and a	II chits above		
,	Signature				Date			

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