

ORDINARY MEMBERSHIP APPLICATION - REFERRAL					
Membership No:					

Membership Expiry Date: ___ For Official Use Only

- Please Remember to:
 * Issue cheque payable to: The Grassroots' Club
 * Return the Membership Form and cheque payment to: Membership Section, The Grassroots' Club,
 190 Ang Mo Kio Avenue 8, Singapore 568046

MEMBE	R\$HIP REFERRAL PROGRA	<u>AMME</u>						
Referred By								
Member's Name:	nber's Name: Title: PBM / BBM / BBM(L) /JP							
Membership No:	Expiry Date:							
1. Applicant's Personal Particulars		_						
Name in Full: Dr / Mr / Mrs / Mdm / Ms /	(Please underline s							
Title: PBM / BBM / BBM(L) /JP	i iodoo diidoii							
NRIC No:	your photo							
	ub to share my personal details with PA or any							
Date of Birth:	Country of Birth:							
Marital Status:	Gender: Male / Female							
Address:		Postal Code:						
Contact Nos: (Mobile)	(H)	(O)						
Email Address:								
Constituency:	Committee(s):							
Position: [Ouration in GRO: From(M	To						
	M) oplicant's name) if you are applying for TGC car decal							
2. Membership Fees								
5 Years - \$300 Principal Member	\$450 with Family Membership*							
*Family Membership Fees applicable to 1 family un registered under your spouse's name.	nit for immediate family members. Documents to submi	t: Marriage Certificate + Log card if the car is						
3. Vehicle No. and IU No.								
Principal Member								
Car Plate No. :	IU No.:							
Family Member (Spouse*)								
Car Plate No.: *Only applicable if spouse has family membersh.								
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4. Spouse's Particulars Membership No.:								
Name in Full:			(5)		Please attach			
(Please underline surname) NRIC No: Date of Birth:				name)	your photo			
Occupation: Contact No:								
5. Children's Particulars (above 12 and below 21 years of age)								
1 st Applicant Membership No:			2 nd Applicant Membership No:					
Name in Full:	Name in Full:			Name in Full:				
BC No: Date of Birth:			BC No: Date of Birth:					
Gender: Male / Female Age:			Gender: Male / Female Age:					
3 rd Applicant Membership No: 4 th Applicant Membership No:								
Name in Full: BC No: Date of Birth:			Name in Full: BC No: Date of Birth:					
Gender: Male / Female Age:			Gender: Male / Female Age:					
1		· `		Г				
Please attach photo	Please attach photo		Please attach photo		Please attach photo			
1 st Applicant Document(s) to submit: A photocopy of	2 nd Applicant Birth Certificate for each applica	nt.	3 rd Applicant		4 th Applicant			
Decaments, to easimiliar protectory of birar continuate for each applicant.								
6. Declaration by Applicant								
 A. I, hereby confirm that the above information is true and complete. B. I consent to allow The Grassroots' Club to send marketing information about their goods or services including notifying me of their 								
marketing events, initiatives and promotions, lucky draws, membership, rewards schemes and other promotions. C. I, agree to comply with and be bound by the Constitution, Bye-laws and Rules & Regulations of the Club.								
2								
Signature of Applicant Date:								
7. Fan Official Has Only								
7. For Official Use Only								
Form Received On: Amount Paid: Receiving Staff								
Payment Method: Cash/Cheque/Credit Card(VISA/Mastercard)Receipt No:								
Membership Card(s): Self Collection / By Mail:Date:								