



THE GRASSROOTS' CLUB

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

ORDINARY MEMBERSHIP APPLICATION/ RENEWAL FORM

Membership No: _____

Membership Expiry Date: _____
For Official Use Only

1. Personal Particulars / Update of Personal Particulars

Name in Full: Dr / Mr / Mrs / Mdm / Ms / _____
(Please underline surname)

Title: PBM / BBM / BBM(L) /JP _____

NRIC No: _____ Race: _____

☐ I consent to allow The Grassroots' Club to share my personal details with PA or any other organization to verify my Grassroots Leader status.

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: _____ Duration in GRO: From _____ To _____
(MM/YYYY) (MM/YYYY)

Documents to submit: Log card (must be in applicant's name) if you are applying for TGC car decal.

Please attach
your photo

2. Membership Fees

- | | |
|---|--|
| <input type="checkbox"/> 1 Year - \$120 Principal Member | <input type="checkbox"/> \$160 with Family Membership* |
| <input type="checkbox"/> 2 Years - \$200 Principal Member | <input type="checkbox"/> \$260 with Family Membership* |
| <input type="checkbox"/> 3 Years - \$240 Principal Member | <input type="checkbox"/> \$330 with Family Membership* |
| <input type="checkbox"/> 5 Years - \$300 Principal Member | <input type="checkbox"/> \$450 with Family Membership* |

Youth Membership Fees (15 to 35 years old)

- | | |
|---|--|
| <input type="checkbox"/> 1 Year - \$60 Principal Member | <input type="checkbox"/> \$100 with Family Membership* |
|---|--|

Senior Membership Fees (65 years old and above)

- | | |
|---|--|
| <input type="checkbox"/> 1 Year - \$60 Principal Member | <input type="checkbox"/> \$100 with Family Membership* |
|---|--|

PA Staff

- | | |
|---|--|
| <input type="checkbox"/> 1 Year - \$60 Principal Member | <input type="checkbox"/> \$100 with Family Membership* |
|---|--|

3. Vehicle No. and IU No.

Principal Member

Car Plate No. : _____

IU No.: _____

Family Member (Spouse*)

Car Plate No. : _____

IU No.: _____

*Only applicable if spouse has family membership

*Family Membership Fees applicable to 1 family unit for immediate family members. Documents to submit: A photocopy of the Marriage Certificate and / or children(s) Birth Certificate (if applicable) + Log card if the car is registered under your spouse's name.

For Renewal Please refer to the next page, item No.6

4. Spouse's Particulars

Membership No.: _____

Name in Full: _____
(Please underline surname)

NRIC No: _____ Date of Birth: _____

Occupation: _____ Contact No: _____

Please attach
your photo

5. Children's Particulars (above 12 and below 21 years of age)

1st Applicant Membership No: _____ Name in Full: _____ BC No: _____ Date of Birth: _____ Gender: Male / Female Age: _____	2nd Applicant Membership No: _____ Name in Full: _____ BC No: _____ Date of Birth: _____ Gender: Male / Female Age: _____
3rd Applicant Membership No: _____ Name in Full: _____ BC No: _____ Date of Birth: _____ Gender: Male / Female Age: _____	4th Applicant Membership No: _____ Name in Full: _____ BC No: _____ Date of Birth: _____ Gender: Male / Female Age: _____

Please attach photo

Please attach photo

Please attach photo

Please attach photo

1st Applicant

2nd Applicant

3rd Applicant

4th Applicant

Document(s) to submit: A photocopy of Birth Certificate for each applicant.

6. Renewal (Please provide recent passport sized photograph for all applicants.)

Membership No: _____ Member's Name: _____ Expiry Date: _____

Family Membership No(s). (if any) : _____

☐ I consent to allow The Grassroots' Club to share my personal details with PA or any other organization to verify my Grassroots Leader status.

Membership Fees

- | | |
|---|--|
| <input type="checkbox"/> 1 Year - \$120 Principal Member | <input type="checkbox"/> \$160 with Family Membership* |
| <input type="checkbox"/> 2 Years - \$200 Principal Member | <input type="checkbox"/> \$260 with Family Membership* |
| <input type="checkbox"/> 3 Years - \$240 Principal Member | <input type="checkbox"/> \$330 with Family Membership* |
| <input type="checkbox"/> 5 Years - \$300 Principal Member | <input type="checkbox"/> \$450 with Family Membership* |

Youth Membership Fees (15 to 35 years old)

- | | |
|---|--|
| <input type="checkbox"/> 1 Year - \$60 Principal Member | <input type="checkbox"/> \$100 with Family Membership* |
|---|--|

Senior Membership Fees (65 years old and above)

- | | |
|---|--|
| <input type="checkbox"/> 1 Year - \$60 Principal Member | <input type="checkbox"/> \$100 with Family Membership* |
|---|--|

PA Staff

- | | |
|---|--|
| <input type="checkbox"/> 1 Year - \$60 Principal Member | <input type="checkbox"/> \$100 with Family Membership* |
|---|--|

Principal Member

**Car Plate No. : _____

IU No.: _____

Family Member (Spouse*)

**Car Plate No. : _____

IU No.: _____

**Only applicable if spouse has family membership.
 **Documents to submit (If there is a change in vehicle number and IU number): Car Insurance / Log card if the car is registered under spouse's name.*

*Family Membership Fees applicable to 1 family unit for immediate family members.

7. 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.

Signature of Applicant _____

Date: _____

8. 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: _____