

#### **ORDINARY MEMBERSHIP APPLICATION - REFERRAL**

Membership No:

Membership Expiry Date:

For Official Use Only

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

# MEMBER\$HIP REFERRAL PROGRAMME

Referred By		
Member's Name:	Title: PBM / BBM / BBM(L) /JP:	
Membership No:	Expiry Date:	
1. Applicant's Personal Particul	lars	
Name in Full: Dr / Mr / Mrs / Mdm / Ms / Title: PBM / BBM / BBM(L) /JP	(Please underline surname)	Please attach
	Race:	your photo
I consent to allow The Grassroots organization to verify my Grassro	s' Club to share my personal details with PA or any other pots' Leader status.	
Date of Birth:	Country of Birth:	
Marital Status:	Gender: Male / Female	
Address:	Postal Code	e:
Contact No: (Mobile)		

	(')		(0)	
Email Address:				
Constituency:		_ Committee(s):		
Position:	Duration in GRO: From			<u> </u>
Documents to submit: Log car	d (must be in applicant's name) if you are	applying for TGC cc	(MM/YYYY) ar decal.	(MM/YYYY)

### 2. Membership Fees

5 Years	 \$300	Principal	Member
Jieura	\$J00	Fincipai	Member

\$450 with Family Membership\*

\*Family Membership Fees applicable to 1 family unit for immediate family members. Documents to submit: Marriage Certificate + Log card if the car is registered under your spouse's name.

### 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			

4. Spouse's Pa	articulars	Membership No.:	,	
Name in Full: NRIC No:		(Please u)	Inderline surname) Please attach your photo	
Occupation:		_ Contact No:		
5. Children's F	Particulars (above 12 and I	below 21 years of age)		
1 <sup>st</sup> Applicant	Membership No:	2 <sup>nd</sup> Applicant	Membership No:	

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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 <sup>rd</sup> Applicant Membership No:   Name in Full:		4 <sup>th</sup> Applicant Membership No:   Name in Full:		
BC No: Date of Birth:		BC No: Date of Birth:		
Gender: Male / Female Age:		Gender: Male / Female Age:		
Please attach photo	Please attach photo	Please attach photo	Please attach photo	
1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	4 <sup>th</sup> Applicant	

2<sup>nd</sup> Applicant 1<sup>st</sup> Applicant Document(s) to submit: A photocopy of Birth Certificate for each applicant.

## 6. Declaration by Applicant

Α.	I, hereby confirm that the above information is true and com	iplete.			
В.	. 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.	C. I, agree to comply with and be bound by the Constitution, Bye-laws and Rules & Regulations of the Club.				
Sia	nature of Applicant		Date:		
olg					
7.	For Official Use Only				
For	m Received On:	Amount Paid:	Receiving Staff:		
Payment Method: Cash/Cheque/Credit Card(VISA/Mastercard)		Receipt No:			
Membership Card(s): Self Collection / By Mail:			Date:		
Tria	Il Period:				