

HOLLANDSE CLUB

MEMBERSHIP APPLICATION FORM

This application is for:

☐ Lifetime Transferable Membership

☐ Corporate Membership

☐ Social Membership

☐ Lifetime Membership

☐ Short-Term Membership

MEMBERSHIP NO.
FOR OFFICIAL USE

PRINCIPAL MEMBER'S PARTICULARS



Family Name

First Name

Second Name

Date of Birth ____dd____mm____yy

Name to appear on
Membership Card

Gender

☐ M ☐ F

Marital Status

Nationality

Mobile Phone

Passport/IC no.

FIN no.

Residential Address

Postal Code

Email Address

Contact No.

(Tel)

(Fax)

(Please note that your email address will be added to our database and will be kept strictly confidential)

COMPANY/EMPLOYER

Company Name

Position

Business Address

Postal Code

Email Address

Contact No.

(Tel)

(Fax)

(Please note that your email address will be added to our database and will be kept strictly confidential)

*You may tick more than 1 box

Correspondence
to be sent

☐ Personal Email

☐ Business Email

E-Statement to be
sent to

☐ Personal Email

☐ Business Email

☐ Spouse Email

☐ Other, please specify

Business Card

HOLLANDSE CLUB

SPOUSE'S PARTICULARS

Principal Member's recent passport size photo	Family Name			
	First Name			
	Second Name		Date of Birth	__dd__mm__yy
	Name to appear on Membership Card			
	Gender	☐ M ☐ F	Marital Status	
	Nationality		Mobile Phone	
	Passport/IC no.		FIN no.	

Residential Address _____
_____ Postal Code _____

Email Address _____

Contact No. _____ (Tel) _____ (Fax)
(Please note that your email address will be added to our database and will be kept strictly confidential)

COMPANY/EMPLOYER

Company Name _____ Position _____
Business Address _____
_____ Postal Code _____

Email Address _____

Contact No. _____ (Tel) _____ (Fax)
(Please note that your email address will be added to our database and will be kept strictly confidential)

CHILDREN'S PARTICULARS

Child 1 recent passport size photo	Child 2 recent passport size photo	Child 3 recent passport size photo	Child 4 recent passport size photo
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Name	Gender	School	Date of Birth	Signature (Applicable to aged 10 - 21)	Supplementary Card (Allowed to sign)

HOLLANDSE CLUB

Vehicle Registration

Vehicle 1 _____ Brand/Model _____ (Plate No.)

Vehicle 1 _____ Brand/Model _____ (Plate No.)

HOW DID YOU HEAR ABOUT THE HOLLANDSE CLUB?

*Please select one

Introduced by existing member ☐ If so, which member? _____

Introduced by my company ☐ If so, which company? _____

Introduced by relocating agent ☐ If so, which agent? _____

Online/Offline Advertisement ☐ If so, specify _____

Others _____

SOCIAL & RECREATIONAL INTEREST

Are you interested in any of the following activities:

- | | | | |
|-------------------------------------|------------------------------------|---|--------------------------------|
| ☐ Arts & Crafts | ☐ Fitness / PT | ☐ Movies | ☐ Swimming |
| ☐ Boot Camps | ☐ Golf | ☐ Parent & Child Activities | ☐ Tennis |
| ☐ Bridge | ☐ Hockey | ☐ Photography | ☐ Yoga |
| ☐ Cooking Class | ☐ Live Music | ☐ Trivia Nights | ☐ Others |
| ☐ Dancing | ☐ Local Tours | ☐ Squash | _____ |

CLAUSE

* GIRO is compulsory to settle your account each month.

* Please note that by signing this form, you give the Club permission to use any photos taken at the Club for Marketing purpose.

DECLARATION

I/We, the undersigned, declare that the particulars in this application are true and correct to the best of my/our knowledge and belief. I/We agree that in the event of my/our application is approved, I/We shall be bound by the Club's rules, membership terms and conditions, bye-laws and other regulations currently in force, and those that may be added and amended by the Club from time to time, as appropriate.

Principal Member's Signature

Date

Spouse's Signature

Date

HOLLANDSE CLUB

TYPE OF MEMBERSHIP

FOR INTERNAL USE

☐ Social Member

☐ Lifetime

☐ Honorary

☐ Corporate

☐ Lifetime Transferable

☐ Sponsorship

Deposit ☐ \$1000 (Family) ☐ \$700 (Single)

Deposit Payment by ☐ Company ☐ Personal

Administration Fee ☐ \$150

Payment Mode ☐ Cheque ☐ Credit ☐ Nets ☐ Cash

Remarks

Checked by _____ Approved by _____

Aspen Date _____ Package Issued _____

Membership Name & Signature _____ Date _____