

## **APPLICATION FOR SENIOR DEPENDANT ABOVE 60 YEARS OF AGE**

Date	:		_											
	ber, hereby wish e the Club Men			nts who		e 60 ation	years	of a	ige,	as de (n	tailed	below, s/ years	to b	ed to
coup	eby understand a le. Enclosed wit ments.													
Depe	endent Details:													
1.	. Name:						_							
	I/C Number:						_							
	Contact No:						_							
	Email Add:						_							
2.	. Name:						_							
	I/C Number:						_							
	Contact No:						_							
	Email Add:						_							
mem	e principal memb bership, if I fail t t that they fail to	to settle any	outstandir	ng in my	/ memb	ershi	р асс							
(Sigi	nature – Principa	Il Member)												
				For O	office U	se Oı	nly							
			ACKNOWLEDGED I								APPROVED BY (Club Manager)			
	Name		(Mem	<u>pership</u>	/ Acco	unts	Dept	)		(0	Jub N	<mark>vianage</mark>	r)	
	Signat	ture												
	Date	e												