



KELAB GOLF BINTULU

Bintulu Golf Club

P.O.Box 1072, 97008 Bintulu, Sarawak

KGB Website: www.kelabgolfbintulu.com

KGB Email Add : kelabgolfbintulu@gmail.com

Tel : 086-252001

: 086-253213

Fax: 086-253754

Amendment Date:

1 March 2024

APPLICATION FOR MEMBERSHIP

Please attach 4
Copies of your recent
photo

(Passport Size Photo)

And

Photostat
MyKad / Passport

Office Use Only

Membership No. : _____

Date Joined : _____

Amount Received (RM) : _____

Receipt No. : _____

Staff Name : _____

Membership Category Applied For (Please Tick ✓):

(Please fill in a separate form for each application)

- | | | | |
|----------------------------|-------|--------------------------------|-------|
| 1. Full Member | _____ | 2. Family Full Member | _____ |
| 3. Associate Member | _____ | 4. Corporate Member | _____ |
| 5. Family Junior Member | _____ | 6. Non-Family Junior Member | _____ |
| 7. Term Member (Malaysian) | _____ | 8. Term Member (Non-Malaysian) | _____ |

TO BE COMPLETED IN BLOCK LETTERS, UNLESS TYPED. FAILURE TO PROVIDE ALL REQUIRED INFORMATION WILL LEAD TO DELAY IN PROCESSING THE APPLICATION.

1. Full Name of Applicant : _____
2. Date of Birth: _____ Place of Birth: _____
3. Nationality: _____ Country of Origin: _____
4. I/C or Passport No. : _____ Passport Expiry Date: _____

5. Residential Address: _____

6. Preferred Mailing Address: _____

7. Telephone No. : (House) _____ (Office) _____
(H/P) _____ E-mail Address _____
8. Company / Government Department's Name: _____
9. Position / Designation / Profession: _____
10. Academic Qualification: _____
11. Remuneration per Month (Gross: RM): _____
12. Name of Bankers: _____ Branch: _____
13. Spouse's Name: _____ (I/C No.) _____
Passport No. : _____ E-mail Address: _____
Position / Designation / Profession: _____
Employer's Name: _____ (H/P No) _____
14.

Name of Children	Date of Birth	I/C or Passport No.	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Only those children under 18 years old who want to use the Club facilities apart from playing golf need to be named)

15. Are you a member of any other Golf Club? YES / NO

(If "YES", name of Golf Club & state Membership No.)

Club: _____

Membership No: _____

16. To be certified by the Honorary Secretary of any Golf Club in Sarawak of which the applicant is currently a member.

I hereby certify that the applicant has been and still a member of club _____ since _____.

Honorary Secretary

17. To be completed in the case of application from Government Employee;

I hereby certify that the applicant is an employee of the department. He/She is

holding a post of _____ on salary scale _____

and stationed at _____.

Date _____

Head of Department

18. Has any Receiving Order or Adjudication Order been made against you? YES / NO (If "YES", please give details) : _____

19. Have you ever been convicted of any offence under the law? YES / NO (If "YES", please give details) : _____

20. The applicant must be introduced by 2 existing members of Kelab Golf Bintulu. (The proposer and seconders must be a member of Kelab Golf Bintulu for more than one year).

We, (Proposer and Secunder) wish to declare that the applicant has been known to us for more than 2 years and that he/she is of good character and on a sound financial standing.

a. Proposer (Name in Full) : _____

Membership No. : _____

Signature _____

b. Secunder (Name in Full) : _____

Membership No. : _____

Signature _____

21. Declaration by Applicant

Payment of Fees

Account balances due to the Club shall be payable not later than 30 days following the statement date. If any payment is not received within 30 days of the due date, the applicant hereby authorizes the Club to charge the amount due, plus any applicable fees or penalties on the account.

Club Constitution, Article 22: Payment of accounts

A member whose subscriptions are in arrears for more than six (6) months shall automatically be terminated of his/her membership.

I agree to abide by the following:

I agree to abide by the constitution, rules, regulations and Bylaws of Kelab Golf Bintulu.

I understand and agree that this membership will begin on the date that this application is approved and will run continuously until a termination of membership is submitted and approved by the Club.

I also understand that management reserves the right to increase the fees in accordance to the Club's constitution.

I further understand that all the fees are non-refundable and non-transferable.

Waiver/Release

I hereby agree to participate and/or engage in the use of the course, equipment, facilities and programs offered by the Club upon the understanding that:

I am aware of the risks of illness or injury inherent in any golf or exercise activity. These injury risks include, but are not limited to: being hit by golf balls, golf clubs, golf carts, or lightning; stepping or tripping in holes or other natural indentations in the ground; injury from insects, animals, birds or snakes, drowning; pulled muscles or other sprains, strains or injuries.

I am participating in the Club's programs upon the express understanding that I hereby indemnify, waive and release the Club, its Committee Members, its employees, agents, officers, Successors, and Assigns from any and all claims, costs, liabilities, expenses or judgments, including attorney's fees and court costs (hereafter referred to as the "Claims") arising out of my participation and the participation of my family and guests in the program(s) or any illness or injury resulting there from, and hereby agree to indemnify and hold harmless the Club from and against any and all such Claims defend, indemnify and hold harmless.

Declaration

I certify that all the information given by me is correct. I further authorize the Club to make enquiries from my bankers or employers, police, government department relevant to this application. The information provided will be kept strictly confidential for the Club.

Signature of Applicant: _____

Date: _____

FOR MEMBERSHIP RECOMMENDATION

Note:

The aforesaid applicant is recommended / not recommended

Remarks:

Signature : _____

Membership Committee : _____

Date : _____

FOR OFFICE USE

The applicant has / has not attended the prerequisite induction course.

If already attended, attest detail below:

Name: _____ Place: _____

Signature: _____ Date: _____