

ABSENT MEMBERSHIP APPLICATION FORM

SINGAPORE RECREATION CLUB

Membership Department, B Connaught Drive Singapore 179682
Tel: +65 65950500 / Fax: +65 63373018
Email: mship@src.org.sg Website: www.src.org.sg



MEMBER'S PARTICULARS

Name of Member: _____

Membership No.

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Absent Period From: _____ To: _____

Reason for Absent: *Studies / Work / Others: *Please specify:* _____

Overseas Address: _____

Contact No.: _____

Please send future correspondence to: Present address Overseas address

I fully understand that the application for absent membership shall only be granted upon fulfillment of the requirements as stipulated in Rule 19 of the Club's Constitution and :-

1. I shall pay 30% of the monthly subscription due in advance for the full absence period and to settle any outstanding amounts in the membership account.
2. I agree to provide supporting documents before the application is formally approved by the Management Committee
3. I understand that each application for Absent membership must be for a minimum period of one (1) month and a maximum of six (6) months.
4. I shall inform the club of my forwarding address or any changes to my address.
5. I understand that upon my return to Singapore I shall no longer be considered an Absent Member. I fully understand that I shall be liable for the full subscriptions from the date of my return.
6. I understand that the onus is upon me to submit a renewal application to the club well before the expiry of the expiry of the Absent Membership. I fully understand that I will be liable to the pay the full subscription shall I fail to submit my renewal application on time.
7. I fully understand that the grant / renewal of absent membership is at the sole discretion of the Management Committee.

Signature _____

Date _____

Signature is not required for email submission if email address is registered with SRC.

FOR OFFICIAL USE

Processed by: _____	Received date: _____
Outstanding Amount: S\$ _____	
Monthly Subscription Fees: S\$ _____ (30%)	No. of Months Applied For: _____
Total Amount Payable: S\$ _____	Payment by: *Credit Card / Cash / Cheque
Approval Status: *Approved / Rejected	

* Delete where appropriate