



APPLICATION FORM

NAME (ENGLISH)				NAME (CHINESE)	
DATE OF BRITH				SEX	
COMPANY				POSITION	
CURRENT HANDICAP INDEX		ISSUED BY		ISSUE DATE	
CORRESPONDENCE ADDRESS					
TEL (OFFICE)		MOBILE		PAGER	
FAX (OFFICE)		FAX (HOME)		E-MAIL	
PREFERRED FORM OF RECEIVING MEGS CIRCULAR : FAX TO OFFICE / FAX TO HOME / E-MAIL					
GOLF CLUB MEMBERSHIP					
PROPOSED BY	NAME		SIGNATURE		DATE
SECONDED BY					DATE
ENDORSED BY					DATE
ENDORSED BY					DATE
ENDORSED BY					DATE
ENDORSED BY					DATE
ENDORSED BY					DATE
(FOR OFFICE USE ONLY)					
APPROVED BY COMMITTEE ON : _____					
APPROVED BY : _____				DATE : _____	
ENTRY & SUBSCRIPTION					
FEE RECEIVED BY : _____				DATE : _____	
NOTE :					
1) Entry Fee : \$5,000 (non-refundable), Annual Subscription Fee : \$2,000.					
2) Applicant should be proposed by one committee member, seconded by one ordinary member and endorsed by 5 other members.					

SIGNED BY APPLICANT

DATE