

BOWLS SINGAPORE

REGISTERED ADDRESS:

151 Chin Swee Road,
#03-10 Manhattan House,
Singapore 169876.

CORRESPONDENCE ADDRESS:

c/o SPCLUB
1A Woodleigh Park, SPTI
Singapore 357874.
Fax: 63809755

AFFILIATION FORM

Name of Club/Association/Company: _____
(Seeking Affiliation)

Registered Office: _____

ROS / ROC Registration No: _____ Date of registration/ incorporation : _____

Tel: _____ Fax: _____ Email Address: _____

Name of Authorised Applicant: _____

Correspondence Address: _____

Status in Club/Association/Company: _____

Tel: _____ Fax: _____ Email Address: _____

Membership Strength _____ No of Members keen in Lawn Bowls: _____

Name of Keys' Officials in organization:

	<u>NAME</u>	<u>POSITON</u>	<u>CONTACT NO:</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

If space is insufficient, please attach list.

We wish to seek Affiliation to Bowls Singapore and agreed to abide by the Constitution , Bye-Laws and Regulations . A copy of our Constitution (for Club/Association) or Certificate of Registration/Incorporation (for companies/firms under ROC) is attached.

Upon approval, we will pay the affiliation fee and other relevant fees. **Affiliation fee is \$100/- per year.**

Date

Applicant's Signature

For Official Use

Date application received _____

Form checked by _____

Management Approval was on _____

Date of payment _____

Receipt No. _____

Amount: _____