



# SINGAPORE KHALSA ASSOCIATION

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 membership@singaporekhalsa.org.sg  
 www.singaporekhalsa.org.sg

Affix a recent passport photo

## SUPPLEMENTARY MEMBERSHIP APPLICATION

### SPOUSE PARTICULARS

Membership Category (please tick accordingly)

Supplementary Life  Supplementary Associate Life

Personal Particulars			
<b>Full Name</b> (as per PP/NRIC)			<b>Preferred Name on Card</b> (20 characters maximum)
<b>NRIC No / Fin No</b>	Last 4 digits		<b>Date of Birth:</b> (DD-MM-YYYY)
<b>Nationality</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Marital Status*</b> (Delete accordingly) Single / Married / Widower / Others	
<b>Residence Status*</b>	Singaporean / PR / EP / DP/ Others	<b>Race</b>	<b>Religion</b>
Residence / Mailing Address			
<b>Address Line 1</b>			
<b>Address Line 2</b>			
<b>Country</b>			<b>Postal Code</b>
Contact Information			
<b>Mobile No</b>			<b>Home No</b>
<b>Email Address</b>			<b>Office No</b>
Employment			
<b>Occupation</b>			<b>Organisation</b>
Activities			
Please indicate which of the following games / activities interest you:			
<input type="checkbox"/> Hockey <input type="checkbox"/> Football <input type="checkbox"/> Netball <input type="checkbox"/> Badminton <input type="checkbox"/> Pool <input type="checkbox"/> Floorball		<input type="checkbox"/> Cricket <input type="checkbox"/> Golf <input type="checkbox"/> Social and Culture <input type="checkbox"/> Networking <input type="checkbox"/> Seminars and Intellectual Development <input type="checkbox"/> Others (Please Specify): _____	
Have you at any time been expelled/suspended from SKA or any other organisation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of any criminal offence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been adjudicated a bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is 'Yes', please provide more details _____			

Membership Type	Fees* (excluding GST)	Remarks
Supplementary Life (For Sikhs Only)	\$125** one-time	GST is payable for all membership fees.
Supplementary Associate Life	\$250** one-time	

## Terms & Conditions

- The 'Supplementary Life' membership is open to the legal spouses aged 21 years and above of existing 'Life' members.
- All membership applications are to be approved by the Association's Management Committee, which reserves the right to reject any application without having to provide any reasons for its decision.
- For details on the members' rights and the Rules and Regulations of the Association, please refer to <https://singaporekhalsa.org.sg>.
- 'Supplementary Life' members will not have voting rights and/or be eligible to be appointed to the Management Committee.
- All membership fees paid are non-refundable.

## Marketing Information

Please tick the relevant boxes below if you are agreeable to receiving the following marketing materials:

- I do not wish to receive marketing information.
- I would like to receive information including (but not limited to) offers, promotions and information via the following channels:
- Newsletter                       Email                       SMS                       WhatsApp

## PRINCIPAL 'LIFE' / 'ASSOCIATE LIFE' MEMBER

Name	
Membership No	
Signature	
Date	

NB. The Principal must a 'Life' or 'Associate Life' member of Singapore Khalsa Association.

## DECLARATION

- I hereby declare that all information given in this application form is true to the best of my knowledge.
- I understand and agree that any false information given will disqualify my application.
- Should my membership be approved, I agree to comply with the Rules and Regulations and By-Laws of the Association, as the same may from time to time be amended.
- I acknowledge that I have read and understood SKA's Data Protection Notice posted on [www.singaporekhalsa.org.sg](http://www.singaporekhalsa.org.sg) and consent to the collection, use and disclosure of my personal data by the Association for the purposes set out in the said Notice.

\_\_\_\_\_

Application Name

\_\_\_\_\_

Signature & Date

## FOR OFFICIAL USE

APPLICATION VERIFICATION		SKA MANAGEMENT COMMITTEE	
Payment Date		Management Committee Mtg Date	
Payment Receipt No		Approval	YES or NO
Manager / Secretary		President / Secretary	
Date		Date	

