



Purbachal Golf Club Limited

Liaison Office : 95 Motijheel C/A. Ibrahim Chamber (3rd Floor), Dhaka -1000.

Cell : +8801711520743, +8801711624727,

E-mail : info@purbachalgolfclub.com

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APPLICATION FORM FOR MEMBERSHIP OF THE CLUB

(Please use Capital Letters Only)

1. Name of Applicant :

2. Spouse's Name :

3. Father's Name :

4. Mother's Name :

5. Date of Birth : Passport No.....

6. TIN. : National ID No.....

7. Profession :

8. Name of Organization :

9. Designation :

10. Organization Address :

11. Residential/ Mailing Address :

Ph:..... (Off)..... (Res).

Cell: Fax No.....

E-mail:

12. Permanent Address :

13. Please provide Particulars of your children as follows:

| S/L | Name of the Children | Date of Birth | Occupation |
|-----|----------------------|---------------|------------|
| a. | | | |
| b. | | | |
| c. | | | |
| d. | | | |

14. Membership Information of other Golf Club :

| Name of the Club | Membership No. | Date of Membership | Type of Membership |
|------------------|----------------|--------------------|--------------------|
| | | | |
| | | | |

15. Handicap :

16. Membership (If any) of other Club :

| Name of the Club | Membership No. | Date of Membership | Type of Membership |
|------------------|----------------|--------------------|--------------------|
| | | | |
| | | | |
| | | | |

17. Which of the Club facilities listed below are of most interest to you? (Tick "√" in appropriate box)

| | | | | | |
|---------------------------------|------------------|--------------------------------|--------------------------|---------------------|------------------------------|
| Golf | Badminton | Billiards & Snooker | Lawn Tennis | Table Tennis | Squash |
| | | | | | |
| GYM & Fitness Centre | Swimming | Card Room | Bar | Basket Ball | Café & Restaurant |
| | | | | | |
| Cricket | Library | Cultural Activities | Spa & Parlour | Barber Shop | Resort |
| | | | | | |

18. Proposed by:

The candidate is known to me for the past..... years and I shall be responsible for applicant's conduct and any dues of the Club during his/her temporary membership.

| <i>Name of the Proposer</i> | <i>A/C No.</i> | <i>Signature</i> | <i>Date</i> |
|-----------------------------|----------------|------------------|-------------|
| | | | |

19. Seconded by:

The candidate is known to me for the past..... years and I shall be responsible for applicant's conduct and any dues of the Club during his/her temporary membership.

| <i>Name of the Proposer</i> | <i>A/C No.</i> | <i>Signature</i> | <i>Date</i> |
|-----------------------------|----------------|------------------|-------------|
| | | | |

20. Any other information you wish to : _____
 furnish in support of your application _____

21. I am desirous of becoming a Member of the Purbachal Golf Club Limited

I hereby declare that the information provided above is true to the best of my knowledge. I understand that any false and/or untrue declaration will make my application liable to cancellation and may result in expulsion from the Club even if I am selected as a member.

Date: _____

Signature of the Applicant

22. Membership Fees & Development Surcharges:

- | | | |
|----------------------------------|----------------------------|---------------------------|
| i. Donor Member Tk | ii. Life Member Tk. | iii. Permanent Member Tk. |
| iv. Corporate Member Tk. | v. Honorary Member Tk. | vi. Diplomat Member Tk. |
| vii. Foreign National Member Tk. | viii. Temporary Member Tk. | ix. Associate Member Tk. |

| PLEASE DO NOT WRITE BELOW | | |
|---|-----------------------------|--------------------|
| For Office use only | | |
| Application Received on : | | |
| Date : | | |
| Money Receipt No.: | _____ Honorary Treasurer | |
| Recommendation of the Membership Committee : | | |
| <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended | | |
| Date : | _____ Member | _____ Member |
| | _____ Chairman | |
| Date and Approval of the Executive Committee : | | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved | | |
| Date : | _____ General Secretary | _____ President |