



1st Child	Spouse	Member
2nd Child	3rd Child	4th Child

**MEMBERSHIP APPLICATIONS FOR**

- |                          |  |        |
|--------------------------|--|--------|
| <input type="checkbox"/> | Perbadanan Labuan                          | ( PL ) |
| <input type="checkbox"/> | Associate Membership - Government          | ( G )  |
| <input type="checkbox"/> | Transferable Associate Membership - Public | ( A )  |
| <input type="checkbox"/> | Corporate                                  | ( C )  |

The information requested in this Form is for the use of the **Kelab Pengurusan Golf Perbadanan Labuan**. Persons completing in this Form are expected to have read and understood the Rules, Regulations & By-Laws of the Club and the contents of this form before completing and submitting the same approval by the Management Committee of **Kelab Pengurusan Golf Perbadanan Labuan**.

Kelab Pengurusan Golf Perbadanan Labuan (KGPL)  
Wisma Perbadanan Labuan, Jalan Merdeka  
Peti Surat 81245  
87022 Wilayah Persekutuan Labuan  
(PPM-007-15-19062013)

LABUAN INTERNATIONAL GOLF CLUB  
Jalan Sungai Pagar  
87000 Wilayah Persekutuan Labuan  
Tel : 087 468 468  
Fax : 087 468 467  
Website : [www.ligc.com.my](http://www.ligc.com.my)  
Email : [info@ligc.com.my](mailto:info@ligc.com.my)



11. PARTICULARS OF SPOUSE(S)\*

a) NAME :

NRIC NO/PASSPORT NO.  DATE OF BIRTH:

NATIONALITY:  OCCUPATION: \_\_\_\_\_

TELEPHONE NUMBER :

**ADDITIONAL**

b) NAME :

NRIC NO/PASSPORT NO.  DATE OF BIRTH:

NATIONALITY:  OCCUPATION: \_\_\_\_\_

TELEPHONE NUMBER :

c) NAME :

NRIC NO/PASSPORT NO.  DATE OF BIRTH:

NATIONALITY:  OCCUPATION: \_\_\_\_\_

TELEPHONE NUMBER :

d) NAME :

NRIC NO/PASSPORT NO.  DATE OF BIRTH:

NATIONALITY:  OCCUPATION: \_\_\_\_\_

TELEPHONE NUMBER :

\* All married applicants are required to furnish a copy(ies) of their marriage certificate(s)/family certificate(s)

12. PARTICULARS OF CHILDREN (BELOW 18 YEARS OF AGE)

	NAME	DATE OF BIRTH	SEX
		D      M      Y	M/F
a)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>		
	NRIC NO/PASSPORT NO/B.C. NO.	D      M      Y	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	
	studying or employed : _____		
	(please state occupation if employed)		
b)	<input type="text"/>		
	<input type="text"/>		
	NRIC NO/PASSPORT NO/B.C. NO.	D      M      Y	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	
	studying or employed : _____		
	(please state occupation if employed)		
c)	<input type="text"/>		
	<input type="text"/>		
	NRIC NO/PASSPORT NO/B.C. NO.	D      M      Y	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	
	studying or employed : _____		
	(please state occupation if employed)		
d)	<input type="text"/>		
	<input type="text"/>		
	NRIC NO/PASSPORT NO/B.C. NO.	D      M      Y	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	
	studying or employed : _____		
	(please state occupation if employed)		

**ADDITIONAL**

e)	<input type="text"/>		
	<input type="text"/>		
	NRIC NO/PASSPORT NO/B.C. NO.	D      M      Y	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	
	studying or employed : _____		
	(please state occupation if employed)		
f)	<input type="text"/>		
	<input type="text"/>		
	NRIC NO/PASSPORT NO/B.C. NO.	D      M      Y	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	
	studying or employed : _____		
	(please state occupation if employed)		

\* Please attach copy (ies) of your children's Birth certificate(s) / Passport(s)

13. VEHICLE REGISTRATION NOS : (Maximum 4 car stickers only)

a) 

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b) 

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c) 

--	--	--	--	--	--	--	--	--	--

d) 

--	--	--	--	--	--	--	--	--	--

14. MY LATEST GOLF HANDICAP IS \_\_\_\_\_ ON \_\_\_\_\_  
(Date)

15. INTERESTS/HOBBIES :

MEMBER : \_\_\_\_\_  
SPOUSE (S) : \_\_\_\_\_  
CHILDREN : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_

I DECLARE THAT THE ABOVE PARTICULARS ARE TRUE AND CORRECT.

DATE : \_\_\_\_\_ SIGNATURE OF MEMBER \_\_\_\_\_

Name : \_\_\_\_\_  
\_\_\_\_\_

SECTION D

**PARTICULARS TO APPEAR ON MEMBERSHIP CARDS**

NAME

SPECIMEN SIGNATURE

MEMBER : [ ]

[ ] [ ]

SPOUSE(S) : [ ]

[ ] [ ]

: [ ]

[ ] [ ]

: [ ]

[ ] [ ]

CHILDREN\* : [ ]

(7-20 YEARS) [ ]

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[ ] [ ]

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[ ] [ ]

\* Only specimen signature of children between 12-20 years are required

**SECTION E**

**(For Membership Department)**

1. Received on

: 

D	M	Y

2. Membership No.

: 

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4. Membership Certificate No.

: 

--	--	--	--	--	--	--	--

5. Received and verified by

: \_\_\_\_\_