



## Changi Sailing Club

32 Netheravon Road, Singapore 508508

Tel: 6545-2876 Fax: 6542-4235

Web: [www.csc.org.sg](http://www.csc.org.sg) Email: [enquiry@csc.org.sg](mailto:enquiry@csc.org.sg)

Recent  
Passport-  
sized  
Photograph

Recent  
Passport-sized  
Photograph  
(Spouse)

### MEMBERSHIP APPLICATION FORM 2023 (ORDINARY / TERM) (Non-Transferrable)

#### Notes:

- The **Category 1 members** introduce a new Term or Ordinary member will receive the following incentives when the application is successful:
  - \$500 referral credit for an Ordinary member
  - \$200 referral credit for a Term member
- This membership referral scheme is valid for first-time application.
- This money will be credited into their account, no cash will be handed out and is non transferrable. There is no limit to number of referrals.
- The Club reserves its right to adjust or amend the monthly subscription fee at any time when deem necessary.

Category 1 TYPE OF MEMBERSHIP** (Non-transferrable)	ENTRANCE FEE (Non-refundable)	Please Tick ✓
Ordinary Membership	\$5,400.00	
Term Membership (per annum)	\$2,160.00	
SUBSCRIPTION		MONTHLY
Married / Family (Spouse, children below age of 21)	\$81.00	Please Tick ✓
Single	\$64.80	

\*All prices are inclusive of GST.

#### PERSONAL PARTICULARS

Full Name in BLOCK LETTERS : (Please underline Family Name)		Gender : Male / Female
		Marital Status: Single / Married
Date of Birth : (Day/Month/Year)	NRIC / Passport No.:	Nationality :

Occupation	Email Address (please write clearly)		
Home Address : <input type="checkbox"/> (Please tick if this is your correspondence address)		Tel No. :	
		HP No. :	
Company Name & Address : <input type="checkbox"/> Please tick if this is your correspondence address)		Tel No. :	
		Fax No. :	

### SPOUSE

Full Name in BLOCK LETTERS : (Please underline Family Name)		Date of Birth: (Day/Month/Year)	
Email Address:			
NRIC / Passport No. :	Nationality :	Contact No.:	Occupation :

Spouse's Signature : \_\_\_\_\_

### CHILDREN (BELOW THE AGE OF 21 YEARS OLD)

Name	Date of Birth	Gender
		M / F
		M / F
		M / F
		M / F

### VEHICLE IU NUMBRS (FAMILY – 2 CARS / SINGLE – 1 CAR)

Vehicle Number	IU Number (10-digit)

## MOORING / LAND STORAGE FOR SAILBOAT (Subject to availability)

(a) Please note that signing up of membership does not guarantee a slot for your sail boat. You are required to contact the Club via email: [enquiry@csc.org.sg](mailto:enquiry@csc.org.sg) to check on the availability of boat space. Mooring and storage fees apply.

(b) **Only Ordinary member** are entitled to apply storage space for any type of sailboat.

(c) The Office will contact you via email or phone once your slot is confirmed.

(d) Please fill up the boat details below:

### Boat Details:

Type of Boat:	Vessel Name:
Length Overall (LOA):	Proposed date of Arrival: (dd/mm/yyyy)
Gross Tonnage (weight):	MPA Licence No:

## APPLICANT'S DECLARATION

I declare that all information provided in this application is true and correct and that I am an undischarged bankrupt and that no bankruptcy proceedings have been commenced or threatened against me. I agree to be bound by the Club's Rules and Regulations including its Bye-Laws and agree to the following terms and conditions:

1. I am fully aware and agree that the entrance fee and subscription fees are non-refundable and non-transferrable once the application is approved.
2. The CSC Management Committee has absolute discretion to approve or reject my application without assigning any reasons whatsoever.
3. This application cannot be withdrawn or cancelled once submitted, and monies paid will only be refunded if the application is rejected by the CSC Management Committee.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

## REFERRAL

The Category 1 members introduce a new Term or Ordinary member will receive the following incentives if the application is successful:

- (a) \$500 referral credit for an Ordinary member
- (b) \$200 referral credit for a Term member

Name of Referral: \_\_\_\_\_ Membership No: \_\_\_\_\_ Signature: \_\_\_\_\_

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### FOR OFFICIAL USE

#### Verified by Membership Sub-Committee

Application Status: APPROVED / REJECTED

Sign by: \_\_\_\_\_ Date: \_\_\_\_\_  
**Membership Sub-Committee**

Remarks: \_\_\_\_\_

Membership No.: \_\_\_\_\_ Date received : \_\_\_\_\_

Payment (Cash/Cheque/Card) : \_\_\_\_\_ Amount paid : \_\_\_\_\_

Entrance Fee : \_\_\_\_\_ F&B Deposit : \_\_\_\_\_ Subs : \_\_\_\_\_