



Changi Sailing Club

32 Netheravon Road, Singapore 508508

Tel: 6545-2876 Fax: 6542-4235

Web: www.csc.org.sg Email: enquiry@csc.org.sg

Registration Ref No.: 205/87SPO

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APPLICATION FORM FOR YOUTH MEMBERSHIP

TYPE OF MEMBERSHIP (Non-transferrable)	Monthly Subscription (Non-refundable)	Please Tick ✓
Youth Member (Age between 16 to 24 years old) (Subject to conditions & the payment of 6 months non-refundable subscription in advance)	\$ 27.25	

* Price inclusive of GST

Terms & Conditions

Entry fee: Non Applicable

- Open to youth between 16 to 24 years old (ends on 25th birthday)
- No signing facility and bringing of guests
- Subscription paid cannot be used to offset future membership fee
- Available to all nationalities

A Youth Member who has turned 25 may apply for Young Adult membership.

PERSONAL DETAILS

Full Name in BLOCK LETTERS : (Please underline Family Name)		Please circle: Gender : Male / Female	
Date of Birth : (Day/Month/Year)	NRIC / Passport No.:	Nationality :	
School / Institution	Email Address		
Home Address		Tel No. : HP No. :	

**Youth Membership Application Form
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APPLICATION 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 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 This application cannot be withdrawn or cancelled once submitted, and monies paid will only be refunded if the application is rejected by the CSC Management Committee.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 : _____

FOR OFFICE USE

Verified by Membership Sub-Committee

Application Status: APPROVED / REJECTED

Sign by: _____ Date: _____
Membership Sub-Committee

Remarks: _____

Membership No. : _____ Dated received : _____

Payment by : _____ Amount paid : _____