



KARNATAKA GOLF ASSOCIATION

No.1, Golf Avenue, Kodihalli, Bangalore – 560 008.

T : 080 - 4009 0041 / 44, F : 080 - 2521 7348 E : golf@kga.in W : www.kga.in

MEMBER'S PERSONAL DATA

We are in a process of updating Members record, hence we request you to fill this form and return it to enable us to update the information. Kindly ensure that you complete all the details concerning your spouse and dependants also.

PLEASE FILL UP IN CAPITAL LETTERS.

1. MEMBERSHIP NUMBER
2. TYPE OF MEMBERSHIP / ASSOCIATESHIP.....
3. FULL NAME.....
4. DATE & PLACE OF BIRTH.....SEX : M / F.....
5. NATIONALITY.....PAN NUMBER.....
6. EDUCATIONAL QUALIFICATION.....
7. PROFESSION OR OCCUPATION.....
8. FATHER'S NAME.....
9. MOTHER'S NAME.....

10. ADDRESS

a. RESIDENTIAL ADDRESS.....
.....

Telephone Number..... Mobile Number.....

Email ID

b. OFFICE ADDRESS : COMPANY NAME.....
.....
.....

Telephone Number..... Email ID.....

PREFERRED BILLING ADDRESS (✓)

RESIDENCE

OFFICE

11. IF YOU ARE A GOLFER: HANDICAP HELD..... ATGOLF CLUB.

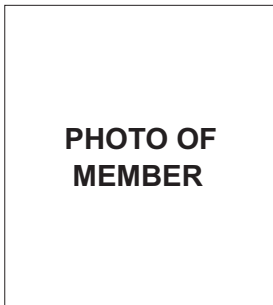
12. MARITAL STATUS..... DATE OF MARRIAGE

13. SPOUSE'S NAME.....DATE OF BIRTH.....

14. EDUCATIONAL QUALIFICATION (Spouse).....PROFESSION.....

15. MOBILE NUMBER.....EMAIL ID.....

.....
SIGNATURE OF MEMBER



.....
SIGNATURE OF SPOUSE



16. DETAILS OF DEPENDANTS / SENIOR DEPENDANT

NOTE :

1. Dependant means a Son or Daughter of a Member / Associate whose age is 25 years and below as on date.
2. Senior Dependant means a Son or Daughter between the age of 25 years and 40 years who have applied for membership under child of member and who are entitled to all rights of using the club and credit facilities under the account of the Parent Member (Only those who have applied for membership under child of member category).

i. **Name**

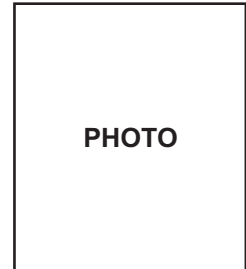
Date of Birth..... **Sex** : M F

Playing **Non Playing** **Dependant** **Senior Dependant**

If Sr. Dependant Application : NO..... **DATE**.....

If Married, please fill Serial No. 17.

Signature.....



ii. i. **Name**

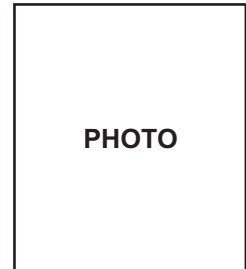
Date of Birth..... **Sex** : M F

Playing **Non Playing** **Dependant** **Senior Dependant**

If Sr. Dependant Application : NO..... **DATE**.....

If Married, please fill Serial No. 17.

Signature.....



iii. i. **Name**

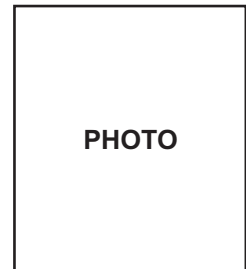
Date of Birth..... **Sex** : M F

Playing **Non Playing** **Dependant** **Senior Dependant**

If Sr. Dependant Application : NO..... **DATE**.....

If Married, please fill Serial No. 17.

Signature.....



SR.DEPENDANT – NO OPTION FOR 4TH CHILD

IF REQUIRED, PLEASE PHOTO COPY THIS PAGE AND FILL UP THE DETAILS.

17. DETAILS OF SPOUSE / DEPENDANT OF SR. DEPENDANT

Spouse Name

Date of Birth

Playing Non Playing

Signature

(Dependants (aged above 12 years and below 25 years))

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Name

Date of Birth

Playing Non Playing

Signature

Name

Date of Birth

Playing Non Playing

Signature

Name

Date of Birth

Playing Non Playing

Signature

(Course Maintenance Fee will be charged every month for playing dependants)

ADDITIONAL SHEETS MAY BE PHOTO COPIED AND ATTACHED IF REQUIRED.