

I(NAME),(I.C NO) HEREBY DECLARE THAT
IF MY APPLICATION IS ACCEPTED/APPROVED, I AGREE TO ABIDE BY THE TERMS AND
CONDITIONS BELOW.

TERMS AND CONDITIONS:

1. ALL APPLICANTS/APPROVED MEMBERS WILL ABIDE AND BOUND BY THE RULES AND REGULATIONS OF KDLTA (AVAILABLE ON THE NOTICE BOARD/ON OUR WEBSITE) INCLUDING ANY AMENDMENTS MADE FROM TIME TO TIME UPON ADMISSION TO MEMBERSHIP OF KDLTA.
2. IN CONSIDERATION OF BEING ADMITTED AS A MEMBER OF KDLTA, I UNDERTAKE TO DISCHARGE/RELEASE/INDEMNIFY KDLTA/SLTA, ITS EXCO MEMBERS, ORGANISERS OF EVENTS AND COACHES FROM ANY INJURY/LOSS OF LIFE/LOSS OR DAMAGE TO PERSONAL BELONGINGS CLAIMS WHICH MAY BE SUSTAINED BY ME/MY REPRESENTATIVE DURING THE ACTIVITY/WHILE WITHIN THE SITE OF SLTA CENTRE.
3. PLEASE BE INFORMED THAT PAYMENT OF ADMISSION FEES/MONTHLY FEE MUST BE MADE WITHIN 1 CALENDAR MONTH TO FORMALIZE YOUR APPROVED APPLICATION TO BE A MEMBER OF KDLTA. FAILURE TO DO SO RENDERS YOUR APPLICATION TO BE NULL AND VOID.

I DECLARE THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE. I UNDERTSAND THAT THE ASSOCIATION HAS THE ABSOLUTE DISCRETION TO ACCEPT OR REJECT THIS APPLICATION, WITHOUT ASSIGNING ANY REASONS.

APPLICANT'S SIGNATURE : _____

SIGNATURE : _____

NAME OF PROPOSER : _____

SIGNATURE : _____

NAME OF SECONDER : _____

DATE : _____



**KUCHING DIVISION LAWN
TENNIS ASSOCIATION**
(affiliated to Sarawak Lawn Tennis Association)

1
Passport
Size
Photo

APPLICATION FOR TERM MEMBER

FULL NAME : Mr/Mrs/Miss

IC NO. /PASSPORT NO. : _____

DATE OF BIRTH : _____

MARITAL STATUS : _____

OCCUPATION : _____

NAME OF EMPLOYER : _____

ADDRESS : _____

RESIDENTIAL ADDRESS : _____

OTHER CLUBS' MEMBER (if any) : _____

CURRENT STANDARD OF PLAY : _____

CONTACT NO. : (House) _____ (HP) _____
(Office) _____ (Email) _____

PERSON TO CONTACT IN CASE OF EMERGENCY : Name _____ (HP) _____

ADMISSION FEE : RM 250.00 (non-refundable)

MONTHLY FEE : RM 120.00
RM 370.00

For Official Use Only

THE ABOVE APPLICATION IS APPROVED / NOT APPROVED.

APPROVED BY : _____
President, Membership Sub-Committee

MEMBERSHIP NO. : _____

DATE : _____

OFFICIAL RECEIPT NO. : _____

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