




MEMBERSHIP CARD APPLICATION / REGISTER WIFE AND CHILDREN FORM

Date

Membership No.

Dear Membership Services Manager,

I wish to request the Membership Services Department to proceed:

Issue New Membership Card	Register Wife / Children
<p>Due to</p> <p><input type="checkbox"/> Card Lost (Attached letter from Member)</p> <p><input type="checkbox"/> 1st RFID / Card Expired / Card Damaged (Return the old card)</p> <p><input type="checkbox"/> Changed Name / Surname / Rank / Title (Attached Copy of Name/Surname/Rank/Title changed Certificate)</p> <p>For</p> <p><input type="checkbox"/> Myself</p> <p><input type="checkbox"/> Wife</p> <p><input type="checkbox"/> Children Age 13 years and over</p> <p>Name</p> <p><u>Pay for Membership Card/s THB.150.-/card by:</u></p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Charge to Statement</p> <p><input type="checkbox"/> I agree to the Club to record any personally identifiable information (PII) to comply with the Personal Data Protection Act BE 2562 (PDPA) for security purposes while on the Club's premises.</p> <div style="text-align: center;">  <small>*Scan me: PDPA</small> </div> <p>.....</p> <p align="center">(Member's Signature)</p> <p>.....</p> <p align="center">Name in block letter</p> <p>Mobile No. :</p>	<p><input type="checkbox"/> Register Wife (Attached Marriage Certificate, ID Card, House Registration and 2 inches photograph)</p> <p>Name</p> <p>Effective</p> <p><input type="checkbox"/> Register Children (Attached Birth Certificate, House Registration and 2 inches photograph for children age over 4 years)</p> <p>Name</p> <p>Effective</p> <p>Remark</p> <p><u>Pay for Monthly Subscription by:</u></p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Charge to Statement</p>

I wish to receive my membership card by:

- Pick up at the RBSC Polo Club Membership Services Department / Reception
 - Send the register mail to my address
-

Received by **Date**



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FOR OFFICIAL USE ONLY	
Accounting Department	Membership Services Department
Paid by cash amount	Paid by () Cash () Charge to Statement
Receipt No.	Amount Document No.
Date	Date
Signature..... (Cashier)	Issued by
	Date

CC: Accounting Department