



ASSOCIATE MEMBERSHIP APPLICATION FORM (PIONEER)

PERSONAL PARTICULARS (APPLICANT)	
FULL NAME (AS PER NRIC)	
CONTACT NO. (MOBILE)	DATE OF BIRTH
MARITAL STATUS* Single / Married / Divorced / Widowed	SEX* Male / Female
E-MAIL ADDRESS	
HOME ADDRESS	

* Please delete where applicable

TERMS & CONDITIONS

- Approval for the Associate Membership application is at the sole discretion of the club.
- Acceptance of Application Form DOES NOT constitute the approval of membership application.
- The club is not obliged to provide an explanation in the case of a rejected membership application.
- Eligibility Criteria:**
 - Membership is open to WOSpec, ME, and DXO Retirees with at least 20 years of full-time service in the SAF/MINDEF.
 - Applicants must be at least 65 years old on the year of application.
- Requirements:**
 - A copy of your Certificate-of-Service
 - A passport-size photo

DECLARATION

- I declare that the particulars provided above are true and the club reserves the right to reject my application, or terminate my membership (if approved) for any falsification made in this application.
- I allow the club to release, and obtain from MINDEF my personal particulars for verification purposes.
- I agree to abide by the club's constitution if my application is approved.
- As part of the Personal Data Protection Act, the "Do-Not-Call" (DNC) registry was created on 2 January 2014. The club understands that you may be a part of this registry and as such, seeks your consent to send you any member-related information on our events and promotions. **I hereby give consent to the club to update me with member-related news and promotions using the contact information stated above.**

Signature (Applicant): _____

Date: _____

VERIFICATION & APPROVAL

Application Verified by: HR Manager

Approved / Not Approved by: General Manager

FOR OFFICIAL USE ONLY

Date Joined: _____ (New / Renewal)

Expiry Date: _____