



WATERS
EDGE

MEMBERSHIP FORM

Office Use Only

Mem No:		Category		Receipt No	
					Amount Rs.

Personal Particulars Of Member

Title		First name			
Surname			NIC/ PP No		
Nationality			DOB		
a. Residential address					
b. Postal address					
c. Business address					
NOTE: Please indicate preferred mailing address:..... (a / b / c)					
Phone Residence			Phone Business		
Fax Residence			Fax Business		
Mobile					
E mail					
Occupation					
Position					
Employer					

Personal Particulars of Family Member/s

Spouse

Title		First name			
Surname			DOB		
Nationality			NIC/ Ppt No		
Residential address					
Postal address					

Business address					
Phone Resident		Phone Business			
Mobile		Fax Business			
Fax Resident					
E mail					
Occupation		Position			
Employer					
Particulars of the Children					
No of Children	Title	First Name	Surname	D.O.B	Address
Child 1					
Child 2					
Child 3					
Child 4					
Child 5					
Vehicle Information					
No of Vehicles	Model Of Vehicle			Vehicle No	
Vehicle 1					
Vehicle 2					
Signature of the Member					
Signature of the Spouse					
Date					
Corporate Membership		Yes / No			
Organisation Name					
Membership Approval					
..... General Manager	 Board of Director			
Nomination					
<p>Ihere by nominate</p> <p>..... to use the membership facilities of Waters Edge under my membership number as per payments made for the year</p>					
..... Signature	 Nomination WEF (date)			