



MEMBERSHIP APPLICATION FOR INDIVIDUALS | CORPORATES

Form 1

| Individual | Family | Corporate |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PERSONAL PARTICULARS OF MEMBER

| Prof | Dr | Mr | Mrs | Ms | Other | | | | | | | | | | | | | | | | | | | |
|------------------------|-------------|-------------|-------------|-------------|-------------|--|--|--|--|--|--|--|-------|--|--|--|--|--|--|--|--|--|--|--|
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | | | | | | | | | | | | | | | | | | | |
| Name with Initials | | | | | | | | | | | | | | | | | | | | | | | | |
| NIC PP No. | | | | | | | | | | | | | | | | | | | | | | | | |
| Nationality | | | | | | | | | | | | | D.O.B | | | | | | | | | | | |
| A. Residential Address | | | | | | | | | | | | | | | | | | | | | | | | |
| B. Business Address | | | | | | | | | | | | | | | | | | | | | | | | |

NOTE: PLEASE INDICATE PREFERRED MAILING ADDRESS:.....(a / b)

[illegible]

PERSONAL PARTICULARS OF FAMILY MEMBER/S

SPOUSE

| Prof | Dr | Mr | Mrs | Ms | Other | | | | | | | | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--|--|--|--|--|-------|--|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| Name with Initials | | | | | | | | | | | | | | | | | | | | | | | | |
| NIC PP No. | | | | | | | | | | | | | | | | | | | | | | | | |
| Nationality | | | | | | | | | | | | | D.O.B | | | | | | | | | | | |

NOTE: PLEASE INDICATE PREFERRED MAILING ADDRESS:.....(a / b)

[illegible]

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 | | | | | | | | | | | | | | | | | | | | | | |

MEMBERSHIP APPROVAL

Signature of Member

.....
Signature of Spouse

.....
Date

| | | | |
|---|--|--|--|
| Corporate Membership - Yes or No | | | |
|---|--|--|--|

[illegible]

NOMINATION

I here by nominate
 to use the membership facilities of Waters Edge under my membership number as per
 payments made for the year

.....

Signature

Nomination WEF (Date)

OFFICE USE ONLY

| | | | | | | | | | | | | | | | |
|-----------|--|--|--|--|--|--|------------|--|--|--|--|--|--|--|--|
| Member No | | | | | | | Receipt No | | | | | | | | |
| Category | | | | | | | Amount Rs. | | | | | | | | |

CEO

Director Recreations

Recreations Manager