WATERS EDGE

Membership Application for Individuals | Corporates

Form 1

Individual	Family	Corporate
☐	☐	☐

PERSONAL PARTICULARS OF MEMBER

Prof	Dr	Mr	Mrs	Ms	Other
☐	☐	☐	☐	☐	☐

Name with Initials

NIC | PP No.

Nationality | D.O.B

A. Residential Address

B. Business Address

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

Phone Residence | Phone Business

Mobile

E-mail

Employer

Position

PERSONAL PARTICULARS OF FAMILY MEMBER/S

SPOUSE

Prof	Dr	Mr	Mrs	Ms	Other
☐	☐	☐	☐	☐	☐

Name with Initials

NIC | PP No.

Nationality | D.O.B

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

Phone Residence | Phone Business

Mobile

E-mail

Employer

Position

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

Orgarnisation Name

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.

..... Chairman/CEO/GM

..... Director Recreations Recommendation

..... Recreations Manager Recommendation