

MEMBERSHIP FEES		
<i>2 years renewable membership (inclusive of 7% GST)</i>		
	\$34.00	SAFRA Member
	\$96.00	Term Member Non-SAFRA Members – SPANS & CDANS, single ladies and students.

I would like to join SAFRA Photographic Club (please tick one only):

MEMBER'S PARTICULARS

Name: _____ NRIC No.: _____ Gender: Male Female

Date of Birth: _____ E-mail: _____

Contact Number: _____ (Mobile) _____ (Home) _____ (Office) _____ (Fax)

Address: _____ (S) _____

Citizenship: _____ Marital Status: _____ SAFRA Membership Type: _____

I wish to receive exciting updates on privileges for SAFRA members and promotions with corporate partners.

I do not wish to receive any updates.

Mode of payment:

Cheque Payment for \$ _____

Cheque No: _____

Made payable to "SAFRA"

(Please indicate Name, NRIC and contact number on the reverse side of cheque)

Cash Payment: \$ _____

Date of payment made: _____

TERMS & CONDITIONS:

1. Please leave your contact number and valid email address where you can be reached.
2. All cheque (fees to be inclusive of 7% GST, unless indicated otherwise) must be made payable to **SAFRA**.
3. Member's rate is applicable to valid holder of SAFRA Membership Card.
4. Registration is available at all SAFRA Clubs from 9am – 9pm daily.
5. Running activities are organized by Running Club Committee.

DECLARATION:

1. I declare that all particulars given are true and correct AND agree to abide by all rules and regulations of SAFRA & Terms & Conditions of the interest group.
2. I am aware that all registered participants (if any), and I will undergo the activity at my/our own risk, and there by release SAFRA, its staff and contractors from all liabilities, which may arise during the duration of the activity.
3. I understand that the membership fees are subject to change without prior notice.
4. I understand that all fees paid are non-refundable
5. I agree that SAFRA and their appointed agents shall under no circumstances, accept liability for damages or loss during the Club's activities.

Signature

Date

OFFICIAL USE ONLY

Received by: _____ Date: _____ Membership Fee(s): _____ Receipt no: _____