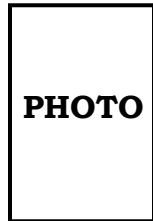




**NOIDA GOLF COURSE SOCIETY
APPLICATION & DATA FORM
FOR DEPENDANT/ SPOUSE GOLF PLAYING FACILITY**



M. NO.....

Date of application.....

1. NAME (DEPENDANT/ SPOUSE):
2. MEMBER'S NAME
3. ADDRESS (for correspondence)
.....
.....
4. TEL NO..... Mobile
5. E-MAIL ADDRESS (CAPITAL LETTERS)
6. DATE OF BIRTH: DAY MONTH YEAR
7. NAME OF GOLF COACH IF ANY (for dependants only).....
8. Request to kindly issue Dependant/ Spouse Golf playing facility card. Applicable fee may please be levied against my membership.

NOTE :

- Charges for the dependant/ Spouse will continue, unless a written request is submitted by the member for withdrawal of the same.

ENCLOSURS REQUIRED:

- *A photocopy for proof of date of birth.*
- *Handicap certificate if any.*

SIGNATURE (MEMBER)