

To:  
**MICHELLE LING / CALIN TAN**  
**JOM**  
**HOMETEAM NS – JOM CLUBHOUSE**  
**31 AH HOOD ROAD SINGAPORE 329979**  
**TEL: 6351 8142/ 6351 8143 FAX: 6356 3949**

Please indicate your membership: ( ✓ )

	JOM Ordinary		JOM Associate
	SPOM Ordinary		SPOM Honorary
	PCWF		
	VSC		
	SPRA		

**GOLF BOOKING FOR PULAI SPRINGS RESORT, JOHOR**

Date required : \_\_\_\_\_ Tee-off time: \_\_\_\_\_ Joining Flight: YES/ NO

Name of Applicant (Nominee) : \_\_\_\_\_

Rank & No. : \_\_\_\_\_ NRIC No: \_\_\_\_\_

Div/ Unit : \_\_\_\_\_ Section: \_\_\_\_\_ Team: \_\_\_\_\_

Address : \_\_\_\_\_

Tel No. : \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (H/P)

Fax No. (O) : \_\_\_\_\_

E-mail : \_\_\_\_\_

**Guest (Paying Guest)**

No.	Name	Rank	IC Number	Division
1.				
2.				
3.				

Each applicant is allowed to collect one (1) non-golfing card for their spouse who wishes to use the club facilities.

Name	IC Number

**ALL BOOKINGS ARE SUBJECT TO AVAILABILITY**

I undertake to comply with the rules governing the use of golfing facilities at Pulai Springs.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**OFFICIAL REPLY**

**Successful**

+ **Please produce your valid membership card when collecting corporate golf member card**

**Unsuccessful** Please try again next time.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
(OFFICIAL STAMP)