



APPLICATION FORM FOR CBC HEALTH CLUB

Perfect getaway moments...

The General Manager
Changi Beach Club
2 Andover Road
Singapore 509984

Dear Sir

- I wish to enroll as a member of the CBC Health Club.
- I have read and understood the conditions as stated in the attached Health Club Rules.
- The Club will debit the monthly subscription fee of \$10 to my account with immediate effect.
- I understand that termination of Health Club Membership requires one-month advance notice in writing.

Name in full: _____ M'ship No: _____

Address: _____

_____ Postal Code: _____

Tel No: (Res) _____ (Off) _____ (Pg / Hp) _____

Date of birth: _____ E-mail Add: _____

Yours faithfully

Signature / Date

FOR OFFICIAL USE ONLY

Application approved / not approved	Effective
Received By	Date
Entry Updated By	Date
A/C Posted By	Date
Remarks	

/tds June 2006