Please paste the Photograph (Self)



## THE DELHI GOLF CLUB

SD/SL No\_\_\_\_\_

DR. ZAKIR HUSSAIN ROAD, NEW DELHI - 110 003 PHONE: 24307100 - 29 Contact: membership@delhigolfclub.org https://delhigolfclub.org

## **FORM FOR ISSUE OF SENIOR DEPENDENT / SPOUSE CARD**

Name (Full Name)					
Parent's Name Date & Reg. No. of Membership Application			Membership No.		
			Handicap		
Permanent Account No.		Date of Birth			
Address					
Tel.(R):	Mobile No.:		SMS Required :	YES /	NO
Email:					
	(In Block Letters)				
ı		state i	that the above is my b	iological/ado	nted child
	nd Membership No.)	State (	inat the above is my b	iological/aut	pteu ciliu
PARENTS SIGN Please attach the follow 1. Handicap Ce 2. DOB Proof (I	ving documents rtificate Birth Certificate/Passport) ed in case of adopted child.		SPECIMEN SIGNAT	URE OF DEPE	NDENT
	<u>DETA</u>	AILS OF SPOUSE			
First Name		Middle Name			
Last Name		Date of Birth			
I		state that the abo	ve is my spouse and spo	use card may	be issued.
SIGNATURE OF SEI	NIOR DEPENDENT		SPECIMEN SIGNATU	JRE OF SPOUS	E

Please attach the marriage certificate for issue of spouse card