

## **Membership Joining Fees**

#### INDIVIDUAL MEMBERSHIP CATEGORIES

Membership is open to individuals who are at least 21 years of age. We have several different Membership categories.

Membership Categories	Joining Fee (w/GST)	
Ordinary Membership Lifetime, non-transferable membership open to U.S. and Canadian citizens.	\$26,500.00 Entrance Fee: \$23,000.00 Operations Surcharge: \$3,500.00 ¹Payment plans available	
Service Membership Lifetime, non-transferable membership open to U.S. or Canadian Military Personnel who are stationed in Singapore and U.S. or Canadian citizens employed on a full time basis by a charitable, educational, religious, or U.S. or Canadian governmental organization recognized as such by the General Committee. Letter of confirmation of full-time employment by the recognized organization has to be submitted at the time of application.	\$15,000.00 Entrance Fee: \$11,500.00 Operations Surcharge: \$3,500.00 <sup>2</sup> Payment plans available	
<b>Term Membership</b> One (1) Year Membership open to non-U.S., non-Canadian and non-Singaporean citizens who either reside in the Republic of Singapore or reside within a radius of forty (40) kilometres of Singapore and whose principal place of business is in the Republic of Singapore.	\$7,950.00 Entrance Fee: \$7,079.50 Operations Surcharge: \$870.50 <sup>3</sup> Payment plan available	
Associate Membership Lifetime, non-transferable membership open to any person who is not eligible for Ordinary Membership.	This category is currently closed.	
Transferable Membership	Transfer Fee (w/GST)	
Transferable Memberships are available on the open market. Such transaction is between the seller and the buyer. A transfer fee of 25% of The Club's listed rate, currently at \$\$27,500.00, is payable to The American Club at the time of submission of the transfer form.	\$27,500.00 Transfer Fee: \$27,500.00 Operations Surcharge: \$3,500.00* *Payable by new member.	

### **CORPORATE MEMBERSHIP**

The General Committee may at its discretion elect U.S. or Canadian corporations or partnerships incorporated, registered, or represented in Singapore as Corporate Members. Upon cessation of Corporate Membership, all Corporate Nominees, shall at the same time, cease to enjoy any of the facilities of The Club.

Class A: \$107,000.00 for three nominees Class B: \$80,250.00 for two nominees Class C: \$53,500.00 for one nominee

- Corporate Membership is not transferable and all fees paid for such Membership are non-refundable.
- Corporate Members are liable for the payment of all subscriptions, registration fees, and monies due on the accounts of their Nominees with The Club.

Each nominee application/re-nomination must be accompanied by a company letter or email, along with payment for \$6,175.00 (Transfer Fee of \$2,675.00 and Operation Surcharge of \$3,500.00, inclusive of GST). If a corporate place is left vacant, prevailing Single Dues (reference Monthly Dues) will be charged to the corporate account.

### **OPERATIONS SURCHARGE**

An Operations Surcharge is payable for every new Membership application.



# **Membership Joining Fees**

### **MONTHLY DUES**

The following Dues are applicable to every Membership category.

Family Membership \$211.86/ month (Including spouse & children under 12 years of age)

Single Membership \$170.67/ month Junior Member (12 to below 21 years old) \$16.05/ month Junior Member (21 to below 25 years old) \$170.67/ month

### **REFUND POLICY**

- All fees paid are non-refundable with the exception below.
- Any Ordinary Member who resigns from The Club, by written notice within twelve (12) months, from date of issuance
  of temporary Membership card may apply for one half (1/2) of the one-time entrance fee which he or she has paid
  per 15(b) of The Constitution. This policy does not apply to payment plan applications.
- Grant of any such refund shall be at the discretion of the General Committee.

### **ADDITIONAL NOTES**

- All fees are inclusive of prevailing Goods and Services Tax (GST).
- Each application for Membership to The American Club is subject to acceptance by the General Committee.
- The Club reserves the right to check references and verify employment.
- The Club reserves the right to amend the fees and update any information without any prior notice.

APPLICATION CHECKLIST				
Please submit the following along with the completed application form:				
☐ Payment of Entrance Fee and Operation Surcharge.  Fee payable by credit card, bank transfer, cash or check.				
☐ Photocopies of the first two pages of applicant, spouse and children's passport.				
☐ 1 recent passport-sized photograph each of main applicant and spouse. Do not staple photos. (Photos may be taken at the Membership Office at no extra charge)				
☐ Documentation to validate marital status - if surname is different				
☐ Duly completed GIRO form - Original copy, please				
☐ Duly Signed Data Protection Acknowledgment form				
☐ Car park registration form (if applicable)				
☐ Employment or Dependent Pass – For Term Member only				



### MEMBERSHIP APPLICATION FORM

Membership Type (please tick accordingly)	MEMBERSHIP	APPLICATION	FURIVI			
Diplomatic Membership	Membership Type (please	tick accordingly)				
Recommended to The American Club by (Member Sponsor) How did you hear about The Club? Is this your first application for Membership? Yes No Previous Membership period Are you currently a Member of other Club(s)? Yes No If yes, please tell us 1) Name of Club(s)/Location: 2) Member since: Personal Information - Principal Member.  Name in Ful: (Please print and underline sumanne) Salutation: (Please print and underline sumanne) Salutation: Mr. / Mrs. / Mdm. / Dr. / Ms. (Please circle or indicate other in blank space) Date of Birth: Month / Day / Year Home Address: Postal Code: Home Phone: Home Fax: Handphone: Email (Reportant): Email (Reportant): Email (Reportant): Country/City of Origin: Date of Arrival in Singapore/Proposed Length of Stay: Company Information: Company Name: Nature of Business: Cocupation: Company Name: Nature of Business: Country City of Origin: Desired Address: Home. Company Balling Address: Home. Company Spouse Information - Supplementary Member; Name in Full: (Please print and underline sumanne) Salutation: Mr. / Mrs. / Mdm. / Dr. / Ms. (Please circle or indicate other in blank space) Date of Birth: Postal Code: Office Phone: Address: Home. Company Balling Address: Home. Company. Spouse Information - Supplementary Member; Name in Full: (Please print and underline sumanne) Salutation: Mr. / Mrs. / Mdm. / Dr. / Ms. (Please circle or indicate other in blank space) Date of Birth: Month / Day / Year Passport/NRIC Number: Americant Address: Home. Company: Nature of Business: Coccupation: Length of Employment: Business Address: Coccupation: Length of Employment:	☐ Ordinary Membership	nbership   Service Membership   Term Membership				
How did you hear about The Club?  Is this your first application for Membership? YesNo	☐ Diplomatic Membership	☐ Transferable Associate N	Membership   Registration of	f Corporate Nominee	)	
Is this your first application for Membership? YesNoPrevious Membership period	Recommended to The Amer	rican Club by (Member Spon	sor)			
Are you currently a Member of other Club(s)?	How did you hear about The	: Club?				
1) Name of Club(s)/Location: 2) Member since:  Personal Information - Principal Member:  Name in Full:  (Please print and underline sumame) Salutation:  (Please print and underline sumame) Mir. / Mirs. / Midm. / Dr. / Ms. (Please circle or indicate other in blank space) Date of Birth:  / Citizenship:  Passport/NRIC Number:  Passport/NRIC Number:  Home Address:  Postal Code:  Home Phone: Home Fax: Handphone:  Email (Events):  Country/City of Origin: Wedding Anniversary Date (Optional): Date of Arrival in Singapore/Proposed Length of Stay: Month / Day / Year Years  Transferred from: Company Information: Company Information: Company Information: Company Mame: Nature of Business:  Occupation: Business Address: Postal Code:  Postal Code:  Postal Code:  Office Fax: Mariling Address: Home Company Billing Address: Home Company Mir. / Mirs. / Midm. / Dr. / Ms. (Please circle or indicate other in blank space) Date of Birth: Month / Day / Year  Passport/NRIC Number:  Postal Code:  Other Fax:  Postal Code:  Other Fax:  Alture of Business: Cocupation: Length of Employment:  Salutation: Passport/NRIC Number:  Amonth / Day / Year  Company: Length of Employment:  Length of Employment:  Length of Employment:  Date of Birth: Month / Day / Year  Company: Length of Employment:  Length of Employment:  Date of Birth: Month / Day / Year  Company: Length of Employment:  Business Address:  Passport/NRIC Number:  Cocupation: Length of Employment: Business Address:  Description: Length of Employment: Business Address:  Postal Code:  Handphone: Handphone:	Is this your first application f	or Membership?Yes	No Previous Members	ship period		
2) Member since:  Personal Information - Principal Member:  Name in Full:  (Please print and underline sumame) Salutation:  (Please print and underline sumame) Mr. / Mrs. / Mdm. / Dr. / Ms. (Please circle or indicate other in blank space) Date of Birth: (Please print and underline sumame) Mr. / Mrs. / Mdm. / Dr. / Ms. (Please circle or indicate other in blank space) Date of Birth: (Postal Code:  Home Address:  Postal Code:  Home Phone: Home Fax: Handphone: Email (Events): Country/City of Origin: Date of Arrival in Singapore/Proposed Length of Stay: Month / Day / Year Years  Transferred from: Company Information: Company Information: Company Name: Nature of Business:  Cocupation: Description:  Postal Code:  Postal Code:  Postal Code:  Office Phone: Office Phone: Office Phone: Company Billing Address: Home Company Billing Address: Home Company Bouse Information: Salutation: Mr. / Mrs. / Mdm. / Dr. / Ms. (Please circle or indicate other in blank space) Date of Birth: // Citizenship: Passport/NRIC Number: Company: Name in Full: Passport/NRIC Number: Company: Nature of Business: Cocupation: Length of Employment: Length of Employment: Length of Employment: Date of Birth: // Citizenship: Passport/NRIC Number: Company: Nature of Business: Cocupation: Length of Employment: Business Address: Length of Employment: Length of Employment: Business Address: Length of Employment: Length of Employment: Business Address: Length of Employment: Length of	Are you currently a Member	of other Club(s)?Yes	sNo If yes, please to	ell us		
Personal Information - Principal Member:  Name in Full:	1) Name of Club(s)/Location:					
Name in Full:  (Please print and underline surname) Salutation:  (Please print and underline surname) Mr. / Mrs. / Mdm. / Dr. / Ms. (Please circle or indicate other in blank space) Date of Birth: // Citizenship: Passport/NRIC Number:  Home Address:  Postal Code: Home Phone: Home Fax: Handphone: Femail (Events): Country/City of Origin: Wedding Anniversary Date (Optional): Date of Arrival in Singapore/Proposed Length of Stay: Month / Day / Year Years Transferred from: Company Information: Company Information: Company Information: Company Information: Displays Address:  Postal Code:  Office Phone: Office Phone: Mailing Address: Home Company Spouse Information - Supplementary Member: Name in Full: (Please print and underline sumame) Salutation: Mr. / Mrs. / Mdm. / Dr. / Ms. (Please circle or indicate other in blank space) Date of Birth: // Citizenship: Passport/NRIC Number:  Mr. / Mrs. / Mdm. / Dr. / Ms. (Please circle or indicate other in blank space) Length of Employment: Lengt						
Salutation:	Personal Information - Pri	ncipal Member:				
Salutation:	Name in Full:	(Please print and underline surname	Social Secur	rity Number (for Americ	ans):	
Month / Day / Year  Home Address:				Please circle or indicate	e other in blank space)	
Postal Code:   Home Phone:			Passpor	t/NRIC Number:		
Email (Important): Email (Events):	Home Address:			ostal Code:		
Country/City of Origin:	Home Phone:	Home Fax:	Handphone:	Marital State	us:	
Date of Arrival in Singapore/Proposed Length of Stay:	Email (Important):		Email (Events):			
Month / Day / Year Years  (City, Country)  Company Information:  Company Name:  Nature of Business:  Occupation:  Length of Employment:  Postal Code:  Office Phone:  Mailing Address: Home Company Billing Address: Home Company Billing Address: Home Company Billing Address: Home Postal Code:  (Please print and underline sumame)  Salutation:  Mr. / Mrs. / Mdm. / Dr. / Ms. (Please circle or indicate other in blank space)  Date of Birth: Month / Day / Year  Company:  Nature of Business:  Occupation:  Length of Employment:  Length of Employment:  Length of Employment:  Passport/NRIC Number:  Length of Employment:  Business Address:  Postal Code:  Handphone:  Handphone:	Country/City of Origin:		Wedding Anniversary Date	(Optional):		
Month / Day / Year Years  (City, Country)  Company Information:  Company Name:  Nature of Business:  Occupation:  Length of Employment:  Postal Code:  Office Phone:  Mailing Address: Home Company Billing Address: Home Company Billing Address: Home Company Billing Address: Home Postal Code:  (Please print and underline sumame)  Salutation:  Mr. / Mrs. / Mdm. / Dr. / Ms. (Please circle or indicate other in blank space)  Date of Birth: Month / Day / Year  Company:  Nature of Business:  Occupation:  Length of Employment:  Length of Employment:  Length of Employment:  Passport/NRIC Number:  Length of Employment:  Business Address:  Postal Code:  Handphone:  Handphone:	Date of Arrival in Singapore/Pro	posed Length of Stay:/	/			
Company Name:  Nature of Business:  Occupation:  Length of Employment:  Business Address:  Postal Code:  Office Pax:  Mailing Address: Home Company  Spouse Information - Supplementary Member:  Name in Full:  (Please print and underline surname)  Salutation:  Mr. / Mrs. / Mdm. / Dr. / Ms. (Please circle or indicate other in blank space)  Date of Birth:  Month / Day / Year  Company:  Nature of Business:  Occupation:  Length of Employment:  Length of Employment:  Length of Employment:  Business Address:  Postal Code:  Handphone:		Month /	Day / Year			
Company Name:  Nature of Business:  Occupation:  Business Address:  Office Phone:  Office Fax:  Mailing Address: Home  Company  Billing Address: Home  Company  Spouse Information - Supplementary Member:  Name in Full:  (Please print and underline surname)  Salutation:  Mr. / Mrs. / Mdm. / Dr. / Ms. (Please circle or indicate other in blank space)  Date of Birth:  Month / Day / Year  Company:  Nature of Business:  Occupation:  Length of Employment:  Length of Employment:  Business Address:  Postal Code:  Business Phone:  Handphone:			(City, Count	ry)		
Occupation: Length of Employment:						
Occupation: Length of Employment:	Nature of Business:					
Postal Code:  Office Phone:  Office Phone:  Mailing Address: Home  Company  Billing Address: Home  Company  Spouse Information - Supplementary Member:  Name in Full:  (Please print and underline surname)  Salutation:  Mr. / Mrs. / Mdm. / Dr. / Ms. (Please circle or indicate other in blank space)  Date of Birth:  Month / Day / Year  Company:  Nature of Business:  Occupation:  Length of Employment:  Business Address:  Postal Code:  Business Phone:  Handphone:					i	
Office Phone:Office Fax:	Business Address:					
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Spouse Information - Supplementary Member:  Name in Full:  (Please print and underline surname)  Salutation:  Mr. / Mrs. / Mdm. / Dr. / Ms. (Please circle or indicate other in blank space)  Date of Birth:  Month / Day / Year  Company:  Nature of Business:  Occupation:  Business Address:  Postal Code:  Business Phone:  Handphone:						
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(Please print and underline surname)  Salutation: Mr. / Mrs. / Mdm. / Dr. / Ms. (Please circle or indicate other in blank space)  Date of Birth: / Citizenship: Passport/NRIC Number:  Month / Day / Year  Company: Nature of Business:  Occupation: Length of Employment:  Business Address: Handphone: Handphone:	Name in Full:					
Date of Birth:/Citizenship:Passport/NRIC Number:  Company:		(Please print and underline		Diagon sirals or indicate	a other in blank anges)	
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Business Address:  Postal Code: Business Phone: Handphone:	Nature of Business:					
Postal Code: Business Phone: Handphone:	Occupation:					
	Business Address:					
E-mail:	Postal Code:	Business Phone:	Handp	ohone:		
	E-mail:					

Names of Children:	Sex	Date of Birth	Passport Number		
		Month / Day / Year			
FOR EMERGENCY PURPOSES:					
Name & Address of nearest relative:					
Phone Number:		Relationship:			
OTHER INFORMATION:					
I would like to have a 2 <sup>nd</sup> Club tour	Yes: a) full to	<del></del>	No		
☐ I am aware of the requirements to attend the	<b>_</b>		nin 60 days upon collection of temporary Membership cards		
_			ayments at the prevailing rate to continue as active		
member(s) of The Club.		'	·		
DECLARATION OF APPLICANT:					
"relevant persons", hereby acknowledge and ag	ree that The Club ( specifically disclain	which expression shall ns any duty to prevent a	uests under the cover of my membership rights) – generally include its officers, employees and agents), to the fullest and accordingly also any liability for personal injury and/or		
security, The Club cannot and will not accept lia control of The Club (including in particular terrori	ability or responsibili st acts), The Club s caused or ultimately	ity for injuries or damag specifically disclaims and attributable to causes	The Club believes in good faith to be a reasonable level of ge caused or ultimately attributable to causes beyond the y liability for personal injury and/or property damage to all beyond the control of The Club (including a terrorist act or i same.		
effective in law, The Club's liability in any event is	not to exceed the sation limit may be	sum of S\$5,000.00 for a too small an amount I v	s that to the extent that any of the above provisions are not ny personal injury or property damage to a relevant person will, at my own cost, take out relevant insurance cover for		
also agree and acknowledge that should we at a (informed or otherwise) to any medical assistance or help me as he/she deems fit. I also accept tha	ny time suffer and s e or treatment, any e t in making such a c ership will indemnify	ustain any incapacity so employee of The Club sl all he/she does so as a and keep The Club inde	by property or participating in any Club events/activities, I as to make it impossible or impractical to secure consent nall in such case be authorized to call for medical attention concerned layperson and not as an expert and that in any emnified against any and all costs, expenses, loss or claims		
I also, hereby confirm that the information conta Rules and Bylaws of The Club as the same may			Member, I agree to comply with and be bound by all the		
	any and all other rel		eproduced on or in The Club premises, publications, and/or		
			I agreement made on each of their behalves and that their to have access to The Club's premises and/or facilities.		
Applicant's Signature (Principal Member)	_		Spouse's Signature (Supplementary Member)		
FOR OFFICIAL USE ONLY:			(		
Membership No		Date Received			
Bank / Check No. / Amount					
Entrance Fee		Operation Surchar	ge		
Date Elected		V M Cards Issued	On		
Date Membership Expires		Date Posted			
Promissory note (if applicable)		Credit Card imprint (if applicable)			
Application Reviewed By		Mambarahia Dia			
General Manager		iviembership Directi	or		