



SMA ANNUAL GOLF TOURNAMENT 2024

Date: Wednesday, 9 October 2024

Venue: Orchid Country Club (OCC)

Registration & Lunch at 11.30 am (Time Sheet start from 1.00pm)

REGISTRATION FORM

Email to: golf@sma.org.sg

Name: Dr / AProf / Prof / Mr / Ms / Mdm

MCR No:

Gender:

Male

Female

Address:

Postal Code []

*Tel:

*Mobile:

*Email:

*SMA Member

Yes

No

*OCC Member:

Yes

No

*OCC Membership No:

*Practice Area:

GP / Family Medicine

Specialist (Specialty: _____)

*Senior Golfer : MALE - above 55 years old
FEMALE - above 60 years old

Yes

No

*Age:

*Handicap:

* 8 Course Sit-Down Chinese Dinner - Please circle:

1) If you will stay for dinner? Yes / No

2) Special dietary requirement: Vegetarian / Halal

Registration Fees for Golf Tournament (please tick whichever is applicable)

SMA Member: **\$180.00**

Non-SMA Member: **\$240.00**

Payment of Registration Fees:

#PAYNOW

UEN No. S61SS0168E

#BANK TRANSFER

DBS Account no: 001-063564-6

Beneficiary Account name: Singapore Medical Association

#Please indicate "SMA GOLF" as reference when making payment via these modes so that we can trace your payment.

CREDIT CARD

Visa

Mastercard

Credit Card No.: - - -

Security Code (on reverse of Card): Card Expiry Date (month/year): /

This event is made possible by the generous sponsorship of our main sponsor(s). By registering for this event, you consent to the collection, usage and disclosure of personal data provided for the purpose of this event as well as having your photograph and/or video to be taken by the SMA and its appointed agent for the purpose of publicity and report of the event. **Your name, email address and contact number will be disclosed to our main sponsor(s).**

Signature : _____

Date : _____

Platinum Sponsor:

*Required fields

