

## **SMA ANNUAL GOLF TOURNAMENT 2025**

Date: Wednesday, 30 July 2025

**Venue: Orchid Country Club (OCC)** 

Registration & Lunch at 11.30 am (Shotgun start at 1.15pm)

RE	REGISTRATION FORM										Email to: golf@sma.org.sg					
Name: Dr / AProf / Prof / Mr / Ms /				/ Mdm			MCR No:		Gender:			Male				
												Female				
Address:  Postal Code [ ]																
*Te	l:	9:				*Email:										
*SMA Member			Yes *OCC N			C Mem	mber:			Yes No	*00	OCC Membership No:				
*Practice Area:			GP / Family Medicine			icine		Spe	cialis	st (Speci	Specialty:					
*Senior Golfer : MALE - above 55 FEMALE - above						Yes		No	No *Age			*Handicap:				
* <b>8 Course Sit-Down Chinese Dinner</b> - 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: \$198.00  Non-SMA Member: \$275.00																
Payment of Registration Fees:																
	#PAYNOW			UEN No. S61SS0168E												
	#BANK TRANSFER	S Account no: 001-063564-6 eficiary 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. <i>Your name, email address and contact number will be disclosed to our main sponsor(s).</i>																
Signature :							Date :									

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\*Required fields



