

## APPLICATION FOR SENIOR DEPENDENT MEMBERSHIP

Date: \_\_\_\_\_

**For Proposed Senior Dependent Member:**

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile No. \_\_\_\_\_ Fax No \_\_\_\_\_

Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Company Address \_\_\_\_\_ Job Title/Position \_\_\_\_\_

Business Telephone \_\_\_\_\_ Business Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

I prefer my monthly statement to be mailed to:       Home Address       Business Address

*This application is made with my full understanding of the restrictions and conditions of the Club's by laws and Membership Rules. I agree to pay the membership dues and all other assessments that will be charged to all the members of Rockwell Club. I further acknowledge and agree to assume any overdue or unpaid accounts (Membership dues, consumptions, late payment charges, etc.) incurred by my Senior Dependent.*

\_\_\_\_\_  
Signature of Principal Member  
Over Printed name

\_\_\_\_\_  
Membership Number

\_\_\_\_\_  
Signature of Senior Dependent

**Definition:** Senior Dependent Membership is an option available to unmarried children of members of THE ROCKWELL CLUB, aged 22-35. The said membership is co-terminus with the regular membership of the sponsoring parent, or until the applicant reaches the age of thirty-five years, whichever comes first, or if cancellation is done upon the direction of the principal parent member. The membership has to be kept active for at least 6 months.

The Rockwell Club reserves the right to require the presentation of additional documents, as it deems necessary. Inability to submit any of the requirements may be used as a ground for the disapproval of the application.

Please submit

- One (1) recent 2x2 ID pictures of the applying senior dependent (or we can take his/her picture at the Club Admin Office)
- Photocopy of certified true copy of Birth Certificate.
- Photocopy of Valid ID

**To be filled-up by Membership Administration:**

RECEIVED BY : \_\_\_\_\_

DATE RECEIVED : \_\_\_\_\_

Account of Principal Member :  Updated       Delinquent

Cleared by : \_\_\_\_\_

Approved for processing : \_\_\_\_\_