



# SMA ANNUAL GOLF TOURNAMENT 2023

Date: Wednesday, 24 May 2023

Time: 11.30 am (Shotgun will start at 1.15 pm)

Venue: Warren Golf and Country Club (WGCC)

## REGISTRATION FORM

Email to: [golf@sma.org.sg](mailto: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

\*WGCC Member:

Yes

No

\*WGCC 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 + WGCC Member: **\$60**

SMA + Non WGCC Member: **\$180**

Non SMA + WGCC Member: **\$130**

Non SMA + Non WGCC Member: **\$250**

### 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.*

CHEQUE

Bank & Cheque No.:

Please write your cheque to "**Singapore Medical Association**" and mail it to SMA Golf, 2985 Jalan Bukit Merah #02-02C SMF Building, Singapore 159457.

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:

Silver Sponsor:

\*Required fields

S U M M E R  
P L A N N E R S

