



For Doctors, For Patients

SMA ANNUAL GOLF TOURNAMENT 2026

Date: Thursday, 23 July 2026

Venue: Tanah Merah Country Club (Garden Course)

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

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/SDA Member:	Yes	*TMCC Member:	Yes	*TMCC Membership No:
	No		No	

*Practice Area: GP/Family Medicine Specialist (Specialty: _____) Dentist

*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

T-Shirt Size: (please indicate your T-Shirt Size):

Unisex Sizes (Inches)	XS	S	M	L	XL	2XL	3XL
Width Across Chest (Pit to pit)	18	19	20	21	22	23	24
Length	26	27	28	29	30	31	32

Registration Fees for Golf Tournament: (please tick where applicable)

SMA Member: **\$200.00** SDA Member: **\$225.00** Non-Member: **\$250.00**

Payment of Registration Fees:

PAYNOW:
UEN No. S61SS0168E



BANK TRANSFER

DBS Account no: 001-063564-6
Beneficiary Account name: Singapore Medical Association A/C 2

Please indicate "SMA GOLF 2026" as reference when making payment via these modes so that we can trace your payment.

This event is made possible by the generous sponsorship of our 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 may be disclosed to our sponsor(s).**

Signature: _____ Date: _____

*Required fields

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