

SR.NO. \_\_\_\_\_



Regd Office Add : Wankhede Stadium, 'D' Road, Churchgate, Mumbai – 400 020  
 CIN NO.U92100MH1993NPL071488  
 Tel : 022 2281 27 23/2285 44 44 : Email : info@garwareclub.co.in : Web: www.garwareclub.co.in

**APPLICATION FOR CARD ROOM MEMBERSHIP FROM  
 1<sup>ST</sup> APRIL,2023 TO 30<sup>TH</sup> SEPTEMBER,2023**

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

The Administration Executive,  
 Garware Club House,  
 Wankhede Stadium,  
 'D' Road, Churchgate,  
 Mumbai – 400 020.

FOR OFFICE USE ONLY

R.No. \_\_\_\_\_ Date \_\_\_\_\_ Amt \_\_\_\_\_

Dear Sir,

I hereby apply for the Card Room Half Yearly Membership for myself and/or my family Members. Herewith, I pay an amount of Rs. \_\_\_\_\_ by Cash/Cheque No. \_\_\_\_\_ dated \_\_\_\_\_ for the period from 1<sup>st</sup> April,2023 to 30<sup>th</sup> September,2023 :-

Single Member/Associate	Senior Citizen Member/ Associate
<b>₹ 3,540/- per head</b> (₹ 3,000/- + 18% GST )	<b>₹ 1,770/- per head</b> (₹ 1,500/- + 18% GST )

The names of the persons i.e., myself and/or eligible family members (with signature) wishing to use the Card Room are given below :- (Please tick in the Box)

SIGNATURE

- Name of the Member/Associate : \_\_\_\_\_
- Membership/Associateship Number: \_\_\_\_\_
- Name of the Spouse : \_\_\_\_\_
- Name of the Unmarried Daughters :(A) \_\_\_\_\_   
(Above 21 yrs)  
(B) \_\_\_\_\_   
(C) \_\_\_\_\_

Mobile : \_\_\_\_\_ Email Id : \_\_\_\_\_

I/my family Members declare that I have read the COVID-19 SOP/Guidelines displayed on the Club House Notice Board and undertake to abide and follow the same and all the Rules of the Club and Card Room Section that are applicable from time to time. I also confirm and say that I will not hold the Club responsible for any consequence due to COVID-19 or any other illness I could get due to the said exposure.

I do hereby agree to abide by the Memorandum and Articles of Association and Rules 1994 of the Club House in force and instructions & directions given by the Club Management in force from time to time.

Yours faithfully,

\_\_\_\_\_  
(Signature of Member/Associate)