

Keith Incorporated

Scaring the Opposition Since 1978



Application for membership of Keith Incorporated.
All fields must be completed for this to be a valid application for membership.

Full Name Surname..... BONE Christian Name(s) MICHAEL BONE

Name of Business if Associate / Sponsor Membership

Residential Address 11 BERWICK ST
..... ST ALBANS
..... CHCH

D.O.B. 26 / 7 / 73

home phone Postal Address 355 9554

work phone 027487 9687

mobile

email

Type of Membership
(Please tick box)

Full Membership Playing

Full Membership Non Playing

Associate Member

Associate Member Sponsor

If Associate Member is being applied for, please give the name and membership number of member supporting your application.

Name Membership Number

I, the above, hereby apply for membership of Keith Incorporated in the type of membership indicated above, and have read and understood the rules of Keith Incorporated and have attached/enclosed the appropriate fee.

I understand that my membership will be approved/declined at the next scheduled meeting of Keith Incorporated and I will be advised as soon as possible after that time of my membership in Keith Incorporated.

Signature Michael Bone

Date 26 / 4 / 4

Official Use

Membership APPROVED / DECLINED

Applicant Notified

Membership Number

012

Recorded in Membership Register

Membership Fee Banked

Returned

25 APR 2004

