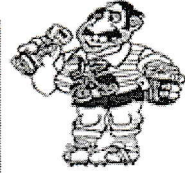


Keith Incorporated

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 Brown Christian Name(s) Greg

Name of Business if Associate / Sponsor Membership

Residential Address 36 Springfield rd
St Albans
Christchurch D.O.B. / /

home phone Postal Address 03 3664155

Work Phone

mobile 027 417 4183

email gbbrown@ihug.co.nz

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 G. Brown

Date 1 14 04

Official Use	Membership APPROVED / DECLINED	Applicant Notified <input checked="" type="checkbox"/>	Membership Number <u>016</u>
	Recorded in Membership Register <input type="checkbox"/>	Membership Fee Banked <input type="checkbox"/>	Returned <input type="checkbox"/>

25 APR 2004

