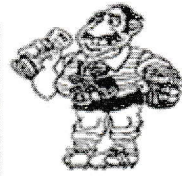


Keith Incorporated

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 CRICHTON Christian Name(s) PAUL ROBERT

Name of Business if Associate / Sponsor Membership

Address 9 Birkdale Drive
Shirley
Christchurch 8006

D.O.B. 19/2/67

Email paul.crichton@oriongroup.co.nz

Home Phone 386 2088 Work Phone 363 9833

Mobile 027 2048207 Fax 363 9736

- | | | | | |
|--------------------|------------------|-------------|-------------------------------------|-----------------|
| Type of Membership | Full Membership | Playing | <input checked="" type="checkbox"/> | Please tick box |
| | Full Membership | Non Playing | <input type="checkbox"/> | |
| | Associate Member | | <input type="checkbox"/> | |
| | Associate Member | Sponsor | <input type="checkbox"/> | |

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 status within Keith Incorporated.

Signature [Signature] Date 13/2/05

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