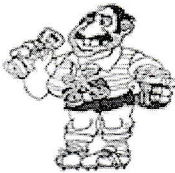


# Keith Incorporated

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..... Graham ..... Christian Name(s) Scott David. .....

Name of Business if Associate / Sponsor Membership .....

Residential Address 49 Mersey st  
st Albans  
Christchurch.

D.O.B. 219 173

home phone 3562043  
 Postal Address .....  
 work phone 384 8387  
 mobile .....  
 email .....

- Type of Membership ( Please tick box)
- Full Membership Playing
  - Full Membership Non Playing
  - Associate Member
  - Associate Member Sponsor

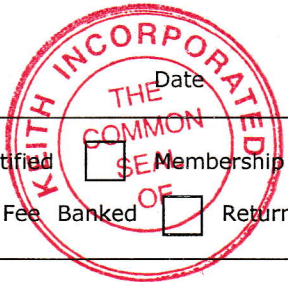
If Associate Member is being applied for, please give the name and membership number of member supporting your application.

Name B Grebe ..... 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 B Grebe .....



Date 24/4/04

<b>Official Use</b>	Membership APPROVED / DECLINED	Applicant Notified <input type="checkbox"/>	Membership Number <u>013</u>
	Recorded in Membership Register <input type="checkbox"/>	Membership Fee Banked <input type="checkbox"/>	Returned <input type="checkbox"/>

25 APR 2004