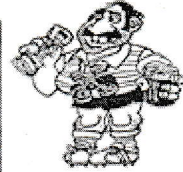


Keith Incorporated

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 JACK Christian Name(s) STEPHEN

Name of Business if Associate / Sponsor Membership

Residential Address JAFFA
FLATS 5 / 39 CROMWELL ST D.O.B. / / 26 08 / 77
MT EDEN
AUCKLAND

Home phone who CARE. 09 26236262
Postal Address who CARE.
Work phone 027 2477690
mobile stevedjack@xtra.co.nz
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 [Handwritten Signature] Date / /

Official Use	
Membership APPROVED / DECLINED	Applicant Notified <input type="checkbox"/>
Recorded in Membership Register <input checked="" type="checkbox"/> JUL 2004	Membership Fee Banked <input type="checkbox"/>
	Membership Number <u>030</u>
	Returned <input type="checkbox"/>

