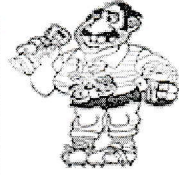


# Keith Incorporated

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 MCKEAGE Christian Name(s) John Grant

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

Residential Address 98 Marshland Rd  
Shirley  
Cuteit D.O.B. 28/9/65

home phone 385-0821  
Postal Address .....  
work phone 385-0821  
mobile 027 485548  
email John@mckeage.com

- 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]



<b>Official Use</b>	Membership APPROVED / DECLINED	Applicant Notified <input type="checkbox"/>	Membership Number <u>004</u>
Recorded in Membership Register <input type="checkbox"/>	Membership Fee Banked <input type="checkbox"/>	Returned <input type="checkbox"/>	

29 MAR 2004