

# 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 WELSH Christian Name(s) SHANE MICHAEL

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

Address 59 McFADDENS ROAD  
ST ALBANS D.O.B. 1912167  
CHRISTCHURCH

Email shane@redbus.co.nz

Home Phone 3552602 Work Phone 3713115

Mobile 027 66 11 534 Fax .....

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 Shane Welsh .....

Date 2/14/05

**Official Use**

Membership APPROVED / DECLINED

Applicant Notified

Membership Number

Recorded in Membership Register

Membership Fee Banked

Returned