

# 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 WILKS Christian Name(s) PETER JOHN

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

Residential Address FLAT 1, AM LOCKER ROAD  
RISCARTON CH CH D.O.B. 3/5/37  
8004

home phone (03) 3488446  
Postal Address .....

work phone .....

mobile 0211 888644

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 [Signature] Date 22 10/04

<b>Official Use</b>	
Membership APPROVED / DECLINED	Applicant Notified <input type="checkbox"/> Membership Number <u>022</u>
Recorded in Membership Register <input type="checkbox"/> <u>27 MAY 2004</u>	Membership Fee Banked <input type="checkbox"/> Returned <input type="checkbox"/>

