

# MEMBERSHIP FORM

KINSMEN (UK) CLUB



## REGISTRATION FORM

Checked by: Vice / Secretary

Date :

<input type="text"/>							
D	D	M	M	Y	Y	Y	Y

Membership Type :

Standard

Patron

## PERSONAL INFORMATION

Full Name :

Place Of Birth :

Date Of Birth :

<input type="text"/>					
D	D	M	M	Y	Y

Full Address :

Post Code :

Phone # :

Occupation :

Email Address :

Religion :

Marital Status :

Name of Kin :

Next of Kin

Phone Number:

Full Drivers License :

Yes  No

Do you belong to any other Club? :

Yes  No

Name of Club(s) :

## BENEFICIARIES

Full Name :

Relationship :

Phone #:

Full Name :

Relationship :

Phone #:

*I agree to be a member of Kinsmen UK Club. I commit to uphold and protect the Constitution and Bylaws of the club. I accept the aims and objectives of the club and commit at all times to work in achieving them. I pledge to defend and protect the name and image of the club at all times.*

\_\_\_\_\_  
Name of Signatory

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Member

THANK YOU FOR YOUR INFORMATION

## SUPPLEMENTARY FORM

*Please take your time and go through the completed application form well, especially the beneficiaries details, next of kin etc. Failure to adhere to this rules and regulations during enrolment will be referred to the Disciplinary Team for investigation.*

### DETAILS OF THE EXECUTIVE MEMBER COMPLETING THIS FORM

Full Name	<input type="text"/>		
Position	<input type="text"/>		
Dues Paid	<input type="text"/>	Insurance	<input type="text"/>
Club Cloth	<input type="text"/>	Misc.	<input type="text"/>
Amount paid on enrolment	<input type="text"/>	Amount O/S	<input type="text"/>

**Question 1.** What's your overall assessment of the member?

**Question 2.** Do you have anything you need to share?

**Question 3.** Have you checked the completed A/F well?

Signed

Date

<input type="text"/>	<input type="text"/>
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