

Associate Membership Renewal



TO BE COMPLETED AND RETURNED TO THE SECRETARIAT WITHIN 14 DAYS

ASSOCIATE MEMBERSHIP RENEWAL FORM

Name:	<input type="text"/>	Membership Number:	<input type="text"/>
Associate Member of the	Branch Name: <input type="text"/>	Branch.	<input type="text"/>

BRANCH ASSOCIATE MEMBERSHIP RENEWAL ADVICE

We confirm that the abovementioned member has renewed their Associate Membership.

An amount of: \$ was received by the Branch and deposited into the Branch's bank account.

This Associate Membership will expire on Date:

(Anniversary of acceptance x years paid. \$50 = 1 Year, \$100 = 2 Years, \$150 = 3 Years).

President:

Signature: <input type="text"/>	Date: <input type="text"/>
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Secretary:

Signature: <input type="text"/>	Date: <input type="text"/>
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UNIVERSITY CLUB BRANCH ASSOCIATE MEMBERSHIP RENEWAL ADVICE

We confirm that the abovementioned member has renewed their Associate Membership.

University: <input type="text"/>	University Club Branch.
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The Member is a Student at this Tertiary Institution. Student No: Number:

An amount of: \$ was received by the University Club Branch and deposited into the Branch's bank account.

This Associate Membership will expire on Date:

(Anniversary x years paid \$25 = 1Year, \$50 = 2 Years, \$75 = 3 Years).

President:

Signature: <input type="text"/>	Date: <input type="text"/>
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Secretary:

Signature: <input type="text"/>	Date: <input type="text"/>
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