

NERA & NERA CLUB MEMBERSHIP APPLICATION FORM



Applicant Information

Name of Club: _____

Date: _____

Surname: _____

Name: _____

Date of Birth: _____

Address (Residential): _____

Address P O Box: _____

Tel Home: _____

Tel Work: _____

Cell No.: _____

E-mail Address: _____

Annual Membership Fee: _____

Amount Paid : _____ Date Paid: _____

NERA Club No.: _____

Notes:

1. Membership will only be accepted if and when this application has been accepted by the respective NERA Club and NERA Council.
2. Acceptance of this application is the discretion of the respective NERA club and the NERA Council.
3. Completion of this application from and/or the payment of membership fees will not entitle the applicant to membership of either the club or NERA.
4. Until approved by both the NERA Club and NERA Council this document will only serve as an application document.
5. This application document must be signed by the applicant personally.
6. Membership must be renewed annually.

I hereby declare that I do accept the NERA Constitution, Rules and Guidelines and I will adhere to the Rules and Regulations of NERA.

Signature : Applicant

Signature : Club Management Accepted / Not Accepted

Signature : NERA Council Accepted / Not Accepted