

# NERA & NERA CLUB MEMBERSHIP APPLICATION FORM



## Applicant Information

Name of Club: \_\_\_\_\_

Date: \_\_\_\_\_

Surname: \_\_\_\_\_

Initials: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address (Residential): \_\_\_\_\_

Address P O Box: \_\_\_\_\_

Tel Home: \_\_\_\_\_

Tel Work: \_\_\_\_\_

Cell No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Annual Membership Fee: \_\_\_\_\_

NERA 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