

Associate Membership Renewal



TO BE COMPLETED AND RETURNED TO THE SECRETARIAT WITHIN 14 DAYS

ASSOCIATE MEMBERSHIP RENEWAL FORM

Name:

Membership Number:

Associate Member of the

Branch Name:

Branch.

BRANCH ASSOCIATE MEMBERSHIP RENEWAL ADVICE

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

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

This Associate Membership will expire on

Date: [redacted]

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

President:

Signature:

Date: [redacted]

Secretary:

Signature:

Date: [redacted]

UNIVERSITY CLUB BRANCH ASSOCIATE MEMBERSHIP RENEWAL ADVICE

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

University:

University Club Branch.

The Member is a Student at this Tertiary Institution. Student No:

Number: [redacted]

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

This Associate Membership will expire on

Date: [redacted]

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

President:

Signature:

Date: [redacted]

Secretary:

Signature:

Date: [redacted]