

Applicant Name	:		
Date of Birth	:		
Residential Address	:		
Postal Address	:		-
E-mail Address	:		
Phone/Mobile Contact	:		
Membership Year(s)	:		
Membership Category	Adult (\$20 per annum)	Junior (\$10 per ani	num)
PARENTAL CONSENT (IF APPLICANT IS BELOW THE AGE OF EIGHTEEN (18))			
I,, the parent/guardian of the above-named applicant give permission for my child/ward to be a member of the Fiji Chess Federation.			
 This form should be filled and returned to the General Secretary together with a certified copy of a valid Photo ID or Birth Certificate of the applicant. Fees should be paid to the Treasurer. If paying via bank deposit, please write your name on the banking narration. Abbreviate given names if too lengthy but write surname in full. Fiji Chess Federation account details: Account Name: Fiji Chess Federation Account Number: 883234 Bank: Bank of the South Pacific DECLARATION I declare that the above-given information is correct and that I will abide by the Constitution of the Fiji Chess Federation. 			
NAME		SIGNATURE	DATE
FOR OFFICAL USE ONLY			
Membership fee collect	ted:	Receipt #:	
Approve Membership: YES / NO Date Approved:/			