



Membership Application Form

Please read the instructions overleaf prior to filling this form. Please type or print in block letters

Membership Category

Family

Single

Affiliate

Pensioner

Pensioner Family

Student

Applicant Details

Name:

Address:

Phone No:

Email:

Spouse Details

Name:

Address:

Phone No:

Email:

Children's Details (Below 18 Years Only)

Name	Gender	Year of Birth

I hereby apply for membership of USMAA. I agree to abide by the "Constitution and Rules of USMAA" and have read and understood the instructions printed overleaf.

Signature of Applicant

Date

Nominators Details

Nominator has to be a current Financial Member of USMAA

Nominator Name:

Signature

Date

