



MEMBERSHIP APPLICATION FORM – Affiliate

Private Membership

Membership Type: Single/Couple/Family

Name: _____ Female Male
Last First Middle

Nationality: _____

Date of Birth: _____ DD/MM/YY

Jakarta Home Address: _____

Phone: _____ Handphone _____

Email: _____

Estimated length of stay in Jakarta: _____

Stateside Address: _____

Spouse

Name: _____ (F/M)

Nationality: _____

Date of Birth: _____

Handphone: _____ Email : _____

Children

Name: _____ DOB _____ (F/M)

Name: _____ DOB _____ (F/M)

Name: _____ DOB _____ (F/M)

Name: _____ DOB _____ (F/M)

Name of Company: _____

Address: _____

Phone: _____



In accordance with the provisions of the Bylaws of AECRA, I hereby apply for **AECRA (American Embassy Commissary & Recreation Association)** Membership with all due rights and privileges. In making this request, I agree to abide by all rules and regulations governing the AECRA including the center, bylaws, membership handbook policy and posted guidelines. I understand copies of these articles are available for review in the office and that failure to adhere to same could result in suspension/renovation of this membership.

I hereby agree to pay the **American Club** (Recreation) initiation fee of US\$ 300, membership fee (based on the membership status) and the refundable deposit of \$300 which will be held by AECRA during the period of my membership; but which I must request be refunded within one month of termination of membership and after all dues are paid. Membership refundable deposit (US\$300) will be returned after AECRA received the current vehicle sticker and membership card.

Applicant's Signature: _____ Date: _____

**) Applicant acknowledges AECRA has the right to approve or decline membership application without explanation. Notification will be sent to applicant of decision to approve or decline only.*

US. Embassy Jakarta Approval

Regional Security Officer Signature: _____ Date: _____

Management Office Signature: _____ Date: _____

For AECRA Use Only

Date of Processed: _____ Payment/Fee Amount: _____

Membership Effective Date: _____ Membership Number: _____

Approved by AECRA GM: _____ Date: _____

Approved by AECRA Chairman: _____ Date: _____

I hereby state that I have received all due to compensation from the AECRA and relinquish any further financial claims against the Association, its Board members and management.

Member's Signature

Date