APPLICATION FORM FOR MEMBERSHIP

NAME:					
SURNAME:					
DATE OF BIRTH:					
ID NUMBER:		(Please attach copy/ copy of birth certificate- in case of a minor)			
GENDER:		Male	Female	Title:	
PREVIOUS LICENCE NO.			1	T-SHIRT SIZE:	
(if applicable)					
CONTACT NUMBER:				ALTERNATIVE	
E MAIL ADDDECC.				NUMBER:	
E-MAIL ADDRESS: RESIDENTIAL ADDRESS:				POSTAL	Ι
RESIDENTIAL ADDRESS:				ADDRESS:	
				, ABBRESS.	
OCCUPATION:				ORGANISATION:	
NEXT OF KIN (name & su	rname)				
EMERGENCY CONTAC	•				
NUMBER					
ACTIVITY(IES):		ROAD	RACE	TRACK & FIELD	CROSS COUNTRY
		RUNNING	WALKING		
MEMBERSHIP AND		Junior	Senior/ Veteran/Master		Grand Master
LICENCE FEE		(7-19yrs)	(20-39yrs)/(40-49yrs)/(50-59yrs)		(60+yrs)
Renewal:		R250	R250		R200
New Members:		R450	R600 ily Member(s) get 10% discount		R300
DEDOCIT VOLID SEE DIDECTI					
DEPOSIT YOUR FEE DIRECTLY INTO THE CLUB BANK ACCOUNT, USE YOUR SURNAME AND NAME AS REFERENCE: (attach proof of payment to this form and e-mail to info@ulindaathletics.co.za, alternatively contact 082 225 9235 for more					
(attacn proof of payment to th information).	is form ai	na e-mail to <u>info@</u>	uiinaaatnietics.co.za,	aiternatively contact 082 .	125 9235 for more
Bank: Absa					
		s Account			
Account Type: Savings Account Number: 931095					
			laman amataurin	accardance with the de	finition of the ACA Dulas
By signing this application form I declare that I am an amateur in accordance with the definition of the ASA Rules By I further subject muscle to the rules and regulations of athletics South Africa and the IAAE, and I					
- Rule 51. I further subject myself to the rules and regulations of athletics South Africa and the IAAF, and I					
undertake not to compete in any athletics event which is not sanctioned by the CGA and ASA.					
I undertake to abide by the Constitution, Rules and Regulations of the Club. I indemnify Ulinda Athletics Club o					
any event against all and any action of whatever nature which may arise out of my participation and I agree tha					
it is my responsibility to be medically fit to compete in any event.					
 Membership of this Club does not entitle me to any specific privilege whatsoever, including permission to partake 					
in ASA affiliated races, and I confirm that all the information provided on this application is true and correct.					
• As a member of Ulinda Athletics Club, I commit myself to assist at athletics events organised by the Club as mar					
be prescribed in ter	rms of:	Marshalling	Entry/Finish	Tables Stadium Set	tup/Cleaning
			1		170
SIGNATURE OF ARRUGANT.				DATE:	
SIGNATURE OF APPLICANT:				DATE:	
SIGNATURE OF PARENT/GUA	ARDIAN:			DATE:	