



MEMBERSHIP APPLICATION FORM

NAME:			
SURNAME:			
DATE OF BIRTH:			
ID NUMBER: <i>(Please attach copy/ copy of birth certificate- in case of a minor)</i>			
GENDER:	Male	Female	Title:
PREVIOUS LICENCE NO. (If applicable)			
CONTACT NUMBER:		ALTERNATIVE NUMBER:	
E-MAIL ADDRESS:			
RESIDENTIAL ADDRESS:		POSTAL ADDRESS:	
OCCUPATION:		ORGANISATION:	
NEXT OF KIN (name & surname)			
EMERGENCY CONTACT NUMBER:			
ACTIVITY(IES):	ROAD RUNNING	RACE WALKING	TRACK & FIELD CROSS COUNTRY
MEMBERSHIP AND LICENCE FEE:	R250	PAID	UNPAID
<i>Additional Family Member(s) get 10% discount</i>			

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 information).

Bank:	Absa
Account Type:	Savings Account
Account Number:	9310952611
Branch code:	632005

- By signing this application form I declare that I am an amateur in accordance with the definition of the ASA Rules – 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 of any event against all and any action of whatever nature which may arise out of my participation, and I agree that 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 may be prescribed in terms of:

Marshalling	Entry/Finish Tables	Stadium Setup/Cleaning
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- I confirm and understand that I am obligated to inform the club of any correction or deletion of personal information; or destroying or deletion of record of personal information in term od Section 24 (1) of the POPI Act, by communicate with the club.
- I confirm that I understand the contents hereof and accept this consent as adequate notification of the collection and processing of my personal information by the club.
- I confirm that I may withdraw this consent or object to the processing of personal information at any time by giving written notification to the club POPI Information officer, info@ulindaathletics.co.za.

SIGNATURE OF APPLICANT: _____

DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

PLEASE NOTE: Membership is renewable on annual basis and is valid until 31 December of the current year.