



South African Figure Skating Association – MEMBERSHIP APPLICATION FORM

APPLICANTS DETAILS: (PLEASE NOTE: A copy of the applicants' birth certificate or identity document **MUST** accompany this application in order for it to be processed)

*SURNAME:		*FIRST NAME(S):	
-----------	--	-----------------	--

*DATE OF BIRTH:	D	D	M	M	C	C	Y	Y	*IDENTITY NO:													**GENDER (✓)	**ETHNICITY (✓)
-----------------	---	---	---	---	---	---	---	---	---------------	--	--	--	--	--	--	--	--	--	--	--	--	--------------	-----------------

*SA Citizen:	Yes	No	*If No, Citizen of:		Status of SA Residency:	
--------------	-----	----	---------------------	--	-------------------------	--

Female
Male

*PHYSICAL ADDRESS:		*POSTAL CODE:				
--------------------	--	---------------	--	--	--	--

POSTAL ADDRESS:	(if different to Physical Address)	POSTAL CODE:				
-----------------	------------------------------------	--------------	--	--	--	--

*E-MAIL 1:		*OCCUPATION:	
------------	--	--------------	--

E-MAIL 2:		FACEBOOK:	
-----------	--	-----------	--

African
Asian
Caucasian
Coloured
Indian

*TELEPHONE 1:	CODE:					NO:			-					TELEPHONE 2:	CODE:					NO:			-				
---------------	-------	--	--	--	--	-----	--	--	---	--	--	--	--	--------------	-------	--	--	--	--	-----	--	--	---	--	--	--	--

IF APPLICANT IS UNDER THE AGE OF 18, PARENT/LEGAL GUARDIAN INFORMATION ENDORSING THIS APPLICATION:

*SURNAME:		*FIRST NAME:		OCCUPATION:	
-----------	--	--------------	--	-------------	--

IF APPLICANT IS OVER THE AGE OF 18, TWO CURRENT CLUB MEMBERS OVER THE AGE OF 18 MUST ENDORSE THIS APPLICATION:

*SURNAME:		*FIRST NAME:		*MEMBER NO.:	P	P	P	-	#	#	#	*SIGNATURE:	#
*SURNAME:		*FIRST NAME:		*MEMBER NO.:	P	P	P	-	#	#	#	*SIGNATURE:	#

APPLICANTS PRIMARY ACTIVITY DETAILS (✓ (choose only one please)):

<input type="checkbox"/> Athlete	<input type="checkbox"/> Supporter/Parent	<input type="checkbox"/> Volunteer (Committee: Region)	<input type="checkbox"/> Volunteer (Committee: Club)	<input type="checkbox"/> Volunteer (Other)	<input type="checkbox"/> Judge	<input type="checkbox"/> Coach	<input type="checkbox"/> Other
----------------------------------	---	--	--	--	--------------------------------	--------------------------------	--------------------------------

*IF ATHLETE, COACHES NAME:	
----------------------------	--

*REGION/DISTRICT IN WHICH APPLICANT RESIDES:
--

*CLUB/S of Choice (indicate Primary)	
--------------------------------------	--

--



South African Figure Skating Association – MEMBERSHIP APPLICATION FORM

DECLARATION

By my signature below, I and/or the minor on whose behalf I am submitting this application, agree to abide to the constitution and rules and regulations of the SAFSA and any Subcommittee thereof and understand that failure to comply with the constitution and rules and regulations may result in disciplinary action and/or my expulsion from the SAFSA.
I understand and permit that the personal information provided be stored in a database and that certain information may need to be submitted to regulatory bodies as required by law.

DATE:

D	D	M	M	C	C	Y	Y
---	---	---	---	---	---	---	---

Membership Fee Enclosed

R _____

APPLICANT (OVER 18 YRS) / LEGAL GUARDIAN (UNDER 18 YRS) SIGNATURE

Western Province: Annual Subs: R250 Life Members: R125 Clubs: R500

Banking Details: ABSA BANK TABLEVIEW Account Number: 40-9053-6910

Use as Reference: Surname, Initials, SUBS18

FOR OFFICE USE ONLY

MEMBERSHIP:	<input type="checkbox"/> APPROVED:	<input type="checkbox"/> REJECTED:	If rejected, reason:																			
DATE OF SAFSA COMMITTEE MEETING:			D	D	M	M	C	C	Y	Y	MEMBERSHIP NUMBER											
MEMBERSHIP APPROVED WITH EFFECT FROM:			d	D	M	M	C	C	Y	Y	P	P	P	-	#	#	#	#				
SAFSA COMMITTEE:								REF:	R	R	-	V	C	-	T	-	C	C	Y	Y	M	M
SAFSA SECRETARY:								SIGNATURE:														