



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:			
*SA Citizen: Yes No	*If No, Citizen of:	Status of SA Residency:			
*PHYSICAL ADDRESS:				*POSTAL CODE:	
POSTAL ADDRESS:	(if different to Physical Address)			POSTAL CODE:	
*E-MAIL 1:				*OCCUPATION:	
E-MAIL 2:				FACEBOOK:	
*TELEPHONE 1:		CODE:		NO:	
TELEPHONE 2:		CODE:		NO:	

**GENDER (✓)	**ETHNICITY (✓)
Female	African
Male	Asian
	Caucasian
	Coloured
	Indian

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

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

	Athlete		Supporter/Parent		Volunteer (Committee: Region)		Volunteer (Committee: Club)		Volunteer (Other)		Judge		Coach		Other
*IF ATHLETE, COACHES NAME:								*REGION/DISTRICT IN WHICH APPLICANT RESIDES:							
*CLUB/S of Choice (indicate Primary)															



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

Membership Fee:

FOR OFFICE USE ONLY

MEMBERSHIP:	APPROVED:	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:														