



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 South African Figure Skating Association and any Provincial or 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 South African Figure Skating Association. 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.

D	D	M	M	C	C	Y	Y
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 APPLICANT (OVER 18 YRS) / LEGAL GUARDIAN (UNDER 18 YRS) SIGNATURE

DATE

 MEMBERSHIP FEE ENCLOSED

FOR OFFICE USE ONLY

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