

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): **GENDER (√) **ETHNICITY (✓) *DATE OF BIRTH: *IDENTITY NO: Female African *PHYSICAL ADDRESS: *POSTAL CODE: Male Asian (if different to Physical Address) Caucasian **POSTAL** ADDRESS: **POSTAL CODE:** Coloured *E-MAIL 1: *OCCUPATION: Indian E-MAIL 2: **FACEBOOK:** *TELEPHONE 1: CODE: **TELEPHONE 2:** CODE: NO: NO: IF APPLICANT IS UNDER THE AGE OF 18, PARENT/LEGAL GUARDIAN INFORMATION ENDORSING THIS APPLICATION: *FIRST NAME: OCCUPATION: *SURNAME: IF APPLICANT IS OVER THE AGE OF 18, TWO CURRENT SAFSA MEMBERS OVER THE AGE OF 18 MUST ENDORSE THIS APPLICATION: *SURNAME: *FIRST NAME: *MEMBER NO.: *SIGNATURE: *SURNAME: *FIRST NAME: *MEMBER NO.: *SIGNATURE: APPLICANTS PRIMARY ACTIVITY DETAILS IN SAFSA (√ (choose only one please)): Club Athlete Supporter/Parent Volunteer (Committee: Prov) Volunteer (Committee: Club) Volunteer (Other) Judae Coach *IF ATHLETE, COACHES NAME: *REGION/DISTRICT OF PROVINCE IN WHICH APPLICANT RESIDES: *APPLICATION TO PROVINCE:

^{*} For statistical reporting purposes to Sport and Recreation SA and South African Sports Confederation and Olympic Committee * Compulsory fields



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<u>DECLARATION</u>																												
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.																												
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APPLICANT (OVER 18 YRS) / LEGAL GUARDIAN (UNDER 18 YRS) SIGNATURE											DATE												MEMBERSHIP FEE ENCLOSED					
FOR OFFICE USE ONLY																												
MEMBERSHIP:	APPROVED:		REJECTED:		If rejected, reason:																							
DATE OF PROVIN	ICIAL COMMI	TTEE MEETING: D D M M C C Y							Υ		SAFSA MEMBERSHIP NUMB																	
MEMBERSHIP APPROVED WITH EFFECT FROM				D	D	M	\mathbb{N}	С	С	Y	Υ					Р	Р	Р	-	#	#	#	#					
PROVINCIAL CO	MMITTEE:														REF:	R	R	-	\vee	С	-	Т	-	С	C	Y	Y	M
PROVINCIAL SECRETARY:														SIGN	ATURE:													