



SAVAGES ATHLETICS CLUB

APPLICATION FOR NEW MEMBERSHIP

FIRST NAME: _____

SURNAME: _____

POSTAL ADDRESS: _____

_____ CODE: _____

TELEPHONE: _____ (H) _____ (W)

CELL NO: _____ EMAIL: _____

PLEASE TICK WHICH OF THE FOLLOWING YOU WILL MOST LIKELY BE PARTICIPATING IN:

TRACK AND FIELD: _____ ROAD RUNNING: _____

CROSS COUNTRY: _____ WALKING: _____

TYPE OF MEMBERSHIP: (STANDARD / COUNTRY / JUNIOR / SOCIAL) _____

ID NO: _____ LICENSE NO: _____

PREFERRED METHOD OF COMMUNICATION (EMAIL/SMS/POST): _____

PREFERRED DUTY ON RACE DAY: _____

I certify that I am an amateur in accordance with the rules of Athletics S.A. and desire to be registered as an Amateur member of SAVAGES ATHLETICS CLUB and am ineligible to sign on for any other athletics club without the approval of the aforementioned club. The last club I was registered for in South Africa was:

_____ ATHLETIC CLUB.

I am clear on their books and I am not a defaulter to any other club.

SUBS MUST ACCOMPANY THIS FORM FOR THE APPLICATION FOR MEMBERSHIP TO BE CONSIDERED.

DATE: _____

SIGNATURE OF APPLICANT: _____

Email to info@savageac.co.za

Fax to 0865625695