



SAVAGES ATHLETICS CLUB

CHANGE OF DETAILS

FIRST NAME: _____

SURNAME: _____

POSTAL ADDRESS: _____

_____ CODE: _____

TELEPHONE: _____ (H) _____ (W)

CELL NO: _____ EMAIL: _____

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

ID NO: _____ LICENSE NO: _____

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

PREFERRED DUTY ON RACE DAY: _____

DATE: _____ SIGNATURE OF APPLICANT: _____

Email to info@savageac.co.za

Fax to 0865625695