

## 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: \*IDENTITY NO: IS THE SKATER A SOUTH AFRICAN CITIZEN OR DOES THE SKATER HAVE PERMANENT RESIDENCE IN SOUTH AFRICA? YES NO \*IF NO WHICH COUNTRY WILL THE SKATER BE REPRESENTING \*†GENDER (✓) \*\*ETHNICITY (✓) Female Δfrican \*PHYSICAL ADDRESS: \*POSTAL CODE: Male Asian (if different to Physical Address) Caucasian **POSTAL** ADDRESS: **POSTAL CODE:** Coloured \*E-MAIL 1: \*OCCUPATION: Indian F-MAII 2: FACEBOOK: \*TELEPHONE 1: TELEPHONE 2: CODE: NO: CODE: 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)): Athlete Supporter/Parent Volunteer (Committee: Prov) Volunteer (Committee: Club) Volunteer (Other) Coach Club Judae \*IF ATHLETE, COACHES NAME: \*REGION/DISTRICT OF PROVINCE IN WHICH APPLICANT RESIDES: \*APPLICATION TO PROVINCE:

<sup>\*</sup> Compulsory fields For statistical reporting purposes to Sport and Recreation SA and South African Sports Confederation and Olympic Committee



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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 rej	ected	, reaso	n:																				
DATE OF PROVINCIAL COMMITTEE MEETING:				D	D M M C C Y						Υ	SAFSA MEMBER:							RSHIF	SHIP NUMBER								
MEMBERSHIP APPROVED WITH EFFECT FROM:				D	D	M	M	С	С	Υ	Υ				Р	Р	Р	-	#	#	#	#						
PROVINCIAL COMMITTEE:														REF:	R	R	-	$\vee$	С	-	Т	-	С	С	Υ	Υ	M	M
PROVINCIAL SECRETARY:													SIGN	IATURE:														



**CGFSA** 

**Banking details:** 

**ABSA** 

**Branch code for Electronic Transfers: 632005** 

**Account number: 9213764707** 

Permission is hereby given to the organizing committee to record the programs on video and/or via digital photography and this footage may be used for the promotion of Figure Skating in South Africa as well as for development purposes.