

MEMBERSHIP FORM

Personal Details

Title: Mr/Mrs/Miss /Dr/Ms

Firstname: _____

Secondname: _____

Surname: _____

NickName: _____

InitialsID number: _____

Type: _____

Email: _____

Date of Birth (yyyy/mm/dd); _____

Language: Select Language English/Afrikaans/Xhosa/Zulu/Sotho/Tswana/Venda /Pedi/ Tsonga/ Other

Occupation: _____

Gender: Male/Female

Address : Residential address _____ Postal Address _____

Suburb _____ Suburb _____

City _____ City _____

Postal Code _____ Postal code _____

Contact Telephone(H) _____

Telephone(W) _____

Cellphone _____

Emergency contact(1)

Emergency contact(2)

Relationship: _____

Relationship: _____

Emergency Tel _____

Emergency Tel _____

Medical Information

Have Medical Aid? No/Yes

Medical Aid Name _____

Medical Aid Plan _____

Medical Aid Number _____

Club Details

Club Name: **CENTRAL ATHLETICS** _____

Disciplines: None Cross Country Road Running Race Walking Track & Field
Mountain & Trail Running

