



VAAL ATHLETIC CLUB

APPLICATION FOR MEMBERSHIP

NAME:				
SURNAME:				
DATE OF BIRTH:				
ID NUMBER: <i>Please attach copy</i>				
GENDER:	Male	Female	TITLE:	
LICENSE NUMBER 2017				
CELL PHONE NO.:			OTHER TELEPHONE NO.:	
E-MAIL ADDRESS:				
ADDRESS:			POSTAL ADDRESS:	
OCCUPATION:			COMPANY:	
SECTION(S):	ROAD RUNNING	TRACK & FIELD	CROSS COUNTRY	CYCLING
MEMBERSHIP AND LICENSE FEE	Junior (7-19yrs)	Senior/Veteran/Master (20-39yrs)/(40-49yrs)/(50-59yrs)		Grand Master (60+yrs)
	R400	R500		R400

PLEASE PAY FEES BY ELECTRONIC BANK TRANSFER TO THE FOLLOWING ACCOUNT: *(Attach proof of payment to this form).*

Vaal Athletic Club
ABSA – Vereeniging
Cheque Acc - 480862317

- By signing this application I declare that I am an amateur in accordance with the definition of the ASA Rules – Rule 51;
- I undertake to abide by the Constitution, Rules and Regulations of the Club;
- Membership to this Club does not entitle me to any specific privileges whatsoever, including permission to run the Vaal Marathon;
- As a member of VAC, I commit myself to assist at the Vaal Marathon at the following areas:

Marshalling	Entry/Finish Tables	Stadium Setup/Cleaning	Any other task(s) as required by the Race Committee
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- I furthermore commit myself to assist at the Cross-Country Meeting hosted by VAC in the following manner:

Marshalling	Entry/Finish Tables	Stadium Setup/Cleaning	Any other task(s) as required by the Race Committee
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SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT/GUARDIAN

MEMBERSHIP APPROVED BY VAC

PLEASE NOTE: MEMBERSHIP IS VALID UNTIL 31 DECEMBER 2019