



VAAL ATHLETIC CLUB

APPLICATION FOR MEMBERSHIP

NAME:					
SURNAME:					
DATE OF BIRTH:					
ID NUMBER: <i>NB: Please attach copy</i>					
GENDER:	Male	Female	TITLE:		
LICENSE NUMBER 2019					
CELL PHONE NO.:			OTHER TELEPHONE NO.:		
E-MAIL ADDRESS:					
ADDRESS:			POSTAL ADDRESS:		
OCCUPATION:			COMPANY:		
SECTION(S): (Mark with X)	ROAD RUNNING	CYCLING	CROSS COUNTRY	TRACK & FIELD	SOCIAL MEMBER <i>(No License)</i> R300
MEMBERSHIP AND LICENSE FEE	Junior (7-19yrs) R500	Senior/Veteran/Master (20-39yrs)/(40-49yrs)/(50-59yrs) R600		Grand Master (60+Yrs) R500	

PLEASE PAY FEES BY ELECTRONIC BANK TRANSFER TO THE FOLLOWING ACCOUNT AND USE YOUR NAME AS REFERENCE: (Attach proof of payment to this form).

Vaal Athletic Club
ABSA – Vereeniging
Cheque Acc - 480862317

- 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 2020
ALL ORIGINAL DOCUMENTS (INCLUDING ASA APPLICATION) TO BE HANDED IN
NO COPIES OR E-MAILS WILL BE ACCEPTED**