ATHLETICS KLOOF

# Membership Application Form
## 2027

I wish to become a member of Athletics Kloof and hereby bind myself to observe Kloof Country Club and Athletics Kloof's Constitution, Rules and Regulations.

New: ☐ Renewal: ☐

**Membership Fees (2027) includes ASA Licenses**

| Category | | Other | Membership | TOTAL |
|---|---|---|---|---|
| Full Member | | | R 1,100.00 | |
| Married Couple | | | R 2,000.00 | |
| Pensioner Married Couple | | | R 1,750.00 | |
| Junior (- 23) and Senior (+ 65) | | | R 900.00 | |
| KCC Member | | | R 440.00 | |
| Vest (Please indicate size) | (Prices may change when new stock is ordered) | R 270.00 | | |
| Shirt (Please indicate size) | | R 290.00 | | |
| Long Sleeve Top (Please indicate size | | R 320.00 | | |
| Developmet Runners Donation | | | | R |
| | | | **TOTAL** | |

**Personal Details**

Title (Mr/Ms/Dr/etc.) _____ Initials _____

Name _____ Surname _____

ID Number _____ Date of Birth _____

Residential Address _____

_____ Postal Code _____

Tel: (H) _____ (W) _____ (Cell) _____

Email _____

Emergency Name _____ Emergency No. _____

Please mark below which you are prepared to volunteer for:-

Transport gazebo to and from races ☐ Man water tables at races ☐ Time trial duty ☐

I declare that the information entered on this form is true and correct and I am NOT a member of any other running club. (A clearance letter from your previous club, if applicable, needs to accompany this application)

Signature: _____ Date: _____

**Banking Details**
Name: ATHLETICS KLOOF
Account Number: 6279-0593-886
Bank: First National Bank

**ASA License Application**

Done Online ☐
Attached Manually completed ☐

Please use your **Name** as a reference and send **Application**, **Proof of Payment** and **ASA Application** to admin@athleticskloof.co.za

**OFFICE USE ONLY**

Cash / EFT / Other _____ Date Captured _____

License No. _____ Member No. _____

ASA
ATHLETICS SOUTH AFRICA

# 2026 ASA PERMANENT LICENCE APPLICATION FORM

A licence number will only be issued to the club, by the province, when this form is fully and correctly completed by the applicant, verified by the club, and accompanied by payment in full. The club/province may use an electronic registration system, with the form electronically signed and EFT payments made, provided the electronic system is aligned with the ASA license registration application system.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **I am a:** Mark all activities relevant | Athlete | | Coach | | Technical Official | | Office Bearer | |
| **Discipline:** Mark all activities relavant | Track & Field | | Road Running | | Off-Road Running | | Race Walking | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Demographics - SRSA Requirement** | Black | | Coloured | | Indian | | White | |
| **Age category - SRSA Requirement** | Senior+ | | Junior | | High School | | Primary School | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Gender:** | Male | | Female | | **Date of Birth** ***(YYYY-MM-DD)*** | | - | - |
| **Title** ***(Mr/Ms/Dr/ect.)*** | | | | | **Initials** | | | |
| **Surname** | | | | | | | | |
| **First Name** | | | | | | | | |
| **Type of Identification Document** | ID Book/Card | | Birth Certificate | | Passport | | Refugee Permit | |
| | | | Number | | | | | |

| | | | |
|---|---|---|---|
| **ASA Province** | | | |
| **2025 Licence Number** | | **2026 Licence Number** | |
| **Club Name (in full)** | | | |

| | | | |
|---|---|---|---|
| **Residential Address - Domicilium Rule** | | | |
| | | | |
| | | | |
| | | | |
| | | **Code** | |
| **Postal Address - Domicilium Rule** | | | |
| | | | |
| | | | |
| | | **Code** | |
| **Tel/Cell phone number** | **1st** | **2nd** | |
| **Email address** | | | |
| **Occupation** | | | |

| | | | |
|---|---|---|---|
| **Next of Kin** | Name | | |
| Tel/Cell phone number | 1st | 2nd | |

**DECLARATION:** I declare that I am a bona fide athlete/coach/technical official/office bearer. I confirm that all the information provided on this application is true and correct. I understand that my participation in an athletics related event is subject to the ASA Constitution, its rules and regulations. I understand that this licence can be retracted should I violate the ASA Constitution, its rules and regulations. I hereby accept that I participate in any event of ASA and its members entirely at my own risk. I indemnify ASA and its members, sponsors and organisers of any event against all and any action of whatever nature which may arise out of my participation and I agree that it is my responsibility to be medically fit to compete in any event. I understand that my information may be shared with ASA partners, in accordance with the ASA Privacy Policy. I understand that if I am a minor, my parent and/or legal guardian understands the nature of the athletic activity, approve of the declaration above, and sign it on my behalf.

Date: ………………………………… Signature applicant: ……………………………………………………………

Date: ………………………………… Signature of Parent/Guardian (Younger than 18yrs): ………………………………………

**Club: I confirm that the above information is correct; the athlete is registered to no other club; and domicile is correct.**

Date: ………………………………… Signature of Club Representative: …………………………………………………………

**Province: I confirm that the club is affilliated to the province; and the domicile of the club and application is correct.**

Date: ………………………………… Signature and stamp of the Province: ………………………………………………….