



# MEMBERSHIP FORM 2018

www.kwayvob.co.za  
secretary@kwayvob.co.za  
(021) 761 8887

Pre-register at: <https://asa.saclubs.co.za/register>

	Membership Fee +	ASA Licence Fee =	Total Fee	Payment
Member	R 295.00	R 140.00	R435.00	R
Spouse	R 145.00	R 140.00	R285.00	R
Student (under 22)	R 75.00	R 140.00	R215.00	R
Junior (under 19)	R 60.00	R 30.00	R90.00	R
Social	R 295.00	N/A	R295.00	R
Donation to Chairman's Development Fund <i>(for the benefit of disadvantaged runners)</i> <i>"Our aim is to work with members of K-Way VOB who have limited resources and opportunities, so that we can help enable them to fulfill their potential as runners and as members of society."</i>				R
Donation to the Green Areas Fund <i>(to maintain unrestricted access to these 'green areas')</i>				R
<b>Total</b>				R

Bank details: **(NO CASH DEPOSITS)** FNB; Mowbray (200 309); 6201 222 9896; Current; VOB Running Club; Reference - YOUR NAME.

**Initials:**

I WILL HELP AT THE FOLLOWING RACE/S (COMPULSORY): Constantia Village 15km   Table Mountain 16km   The Grape Run	
<small>The ASA licence year is from 1 January to 31 December. Members renewing their membership should return this form, together with their fees, as soon as possible and before year end, when new licenses become available. You may only compete in your 2018 number from 1 January 2018. <b>NOTE: THAT WPA WILL FINE OR DISQUALIFY ATHLETES WEARING 2017 LICENCES AFTER 31 DECEMBER 2017.</b></small>	
<small><b>Club Colours:</b> I understand that by becoming a member of K-Way VOB Running Club when I participate in WPA and ASA sanctioned events, I am obliged to wear full official Club Colours, consisting primarily of a top approved by the Club and royal blue bottoms. I further understand that if I fail to comply with this rule, the disciplinary committee may intervene.</small>	
<small><b>Disclaimer:</b> I certify that the above details are true and correct. The Club will not be liable, whether as a result of negligence or any other reason, for any and all injury, illness or death, resulting from my participating in the sport or any Club or associated activities.</small>	

## ATHLETICS SOUTH AFRICA | 2018 LICENCE FORM



<input type="checkbox"/> Athlete	<input type="checkbox"/> Coach	<input type="checkbox"/> Technical Official	Please tick where applicable
<input type="checkbox"/> Track & Field	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Road Running	
			<input type="checkbox"/> Race Walking

The completeness and accuracy of this submission, helps to improve Athletics South Africa's and your Club's service to you.

### Your Details

Surname																Title									
First Names																Initials									
Identifying Number																									
Type of Document	<input type="checkbox"/> ID Document					<input type="checkbox"/> Birth Certificate					<input type="checkbox"/> Passport					<input type="checkbox"/> Refugee Permit									
ASA Licence Number	2017					2018					ASA Province														
Club Name	K - W a y V O B R u n n i n g C l u b																								
Gender	<input type="checkbox"/> Male					<input type="checkbox"/> Female					Date of Birth (YYYY-MM-DD)														

Residential Address (for Domicilium Rule)																Postal Address																					
															Code																			Code			

Cell No																Work Tel																								
Home Tel																																								
Email																																								
Occupation																																								
Demographics	<input type="checkbox"/> Black										<input type="checkbox"/> Coloured										<input type="checkbox"/> Indian										<input type="checkbox"/> White									

I declare that I am a bona fide athlete/coach/technical official. I confirm that all the information provided on this application is true and correct. I subject myself to the rules and regulations of Athletics South Africa and the IAAF, and I undertake not to compete in any track event, road race, cross country event, race walking event or fun run which is not sanctioned by the provincial athletics body and ASA. I indemnify ASA, the provincial body, sponsors and organisers of any race 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.

Next of Kin	Name																Tel															
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Date																Signature															
Signature of Parent/Guardian (Younger than 18yrs)															Signature																
Signature of Club Representative															Signature																
Signature and stamp of the Province															Signature																