



# Membership Application Form

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 (2025) includes ASA Licenses

Category	Other	Membership	TOTAL
Full Member		R 995.00	
Married Couple		R 1,835.00	
Junior (- 23) and Senior (+ 65)		R 815.00	
Pensioner Married Couple		R 1,500.00	
Long Sleeve Top (Please indicate size/s)	(Prices may change when new stock is ordered)	R 320.00	
Vest (Please indicate size/s)		R 270.00	
Shirt (Please indicate size/s)		R 290.00	
Peeks (limited stock)		R 150.00	
Development Runners Donation			R
<b>TOTAL</b>			

### 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 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:**  
(if applicable) to admin@athleticskloof.co.za

<b>OFFICE USE ONLY</b>	Cash / Cheque / EFT / Other _____	Date Captured _____
	License No. _____	Member No. _____



# 2025 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.

<b>I am a:</b> Mark all activities relevant	Athlete	Coach	Technical Official	Office Bearer
<b>Discipline:</b> Mark all activities relevant	Track & Field	Road Running	Off-Road Running	Race Walking

<b>Demographics - SRSA Requirement</b>		Black	Coloured	Indian	White
<b>Age category - SRSA Requirement</b>		Senior+	Junior	High School	Primary School
<b>Gender:</b>	Male	Female	<b>Date of Birth (YYYY-MM-DD)</b>		
<b>Title (Mr/Ms/Dr/ect.)</b>		<b>Initials</b>			
<b>Surname</b>					
<b>First Name</b>					
<b>Type of Identification Document</b>		ID Book/Card	Birth Certificate	Passport	Refugee Permit
		Number			

<b>ASA Province</b>	
<b>2024 Licence Number</b>	<b>2025 Licence Number</b>
<b>Club Name (in full)</b>	

<b>Residential Address - Domicilium Rule</b>			
		<b>Code</b>	
<b>Postal Address - Domicilium Rule</b>			
		<b>Code</b>	
<b>Tel/Cell phone number</b>		<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>
<b>Email address</b>			
<b>Occupation</b>			

<b>Next of Kin</b>	<b>Name</b>	
<b>Tel/Cell phone number</b>	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>

**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 affiliated to the province; and the domicile of the club and application is correct.**

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