



# 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	
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. _____