



WESTERN PROVINCE MASTERS ATHLETIC ASSOCIATION

APPLICATION FOR MEMBERSHIP: 01.01.2017 – 31.12.2017

SURNAME: _____ FIRST NAME: _____

DATE OF BIRTH (dd/mm/year): _____

PROF/DR/MR/MRS/MS.: _____

PHYSICAL ADDRESS: _____ POSTAL ADDRESS (if different) _____

Code: _____ Code: _____

Tel No (H) (_____) _____ Cell: _____

(w) (_____) _____ Fax: _____

EMAIL ADDRESS: _____

ATHLETICS CLUB: _____

A.S.A. 2017 LICENCE No: W.P.A. _____

MEMBERSHIP FEES : 2017

W.P.M.A.A. (Compulsory)	R100.00
S.A.M.A. Affiliation (Compulsory)	R150.00
Donation	R
Total	R

Please tick method of payment

CASH BANK DEPOSIT TRANSFER

EXCO MEMBER'S SIGNATURE: _____ DATE: _____

BANK DETAILS

BANK : ABSA
BRANCH CODE : 502-110 (McIntyre Road, Parow)
ACC No : 03-9017-9839
ACC. Name : Western Province Masters Athletics
Reference : Your Name & Surname

- * APPLICATION MUST BE ACCOMPANIED BY COPY OF ID/PASSPORT
- * PLEASE RETURN A.S.A.P TO : annette.ruppert@gmail.com, /
Fax: 0864479614
- * IF DEPOSIT IS MADE INTO BANK ACCOUNT, DEPOSIT SLIP MUST ACCOMPANY THIS FORM