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|  |  **WESTERN PROVINCE MASTERS ATHLETIC ASSOCIATION** |  |
|  | APPLICATION FOR MEMBERSHIP: 01/01/2018 – 31/12/2018 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | SURNAME: |   |   |   | FIRST NAME: |   |   |  |
|  | DATE OF BIRTH: (dd/mm/year): |   |   |   |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | PROF/DR/MR/MRS/MS: |   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | PHYSICAL ADDRESS: |  |  | POSTAL ADDRESS (if different) |  |  |
|  |   |   |   |   |  |   |   |   |   |  |
|  |   |   |   |   |  |   |   |   |   |  |
|  |   |   |   |   |  |   |   |   |   |  |
|  | Postal Code: |   |   |  | Postal Code: |   |   |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Tel No (H) ( ) |   |  | Cell: |   |   |   |  |
|  | Tel No (w) ( ) |   |  | Fax: |   |   |   |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Email ADDRESS: |   |   |   |   |   |   |  |
|  | ATHLETICS CLUB: |   |   |   |   |   |   |  |
|  | A.S.A.2018 LICENCE No: W.P.A |   |   |   |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **MEMBERSHIP FEES 2018** |  |  |  |  |
|  | W.P.M.A.A. (Compulsory) |   | R 100 |   |   |   |  |
|  | S.A.M.A Affiliation (Compulsory) |   | R 150 |   |   |   |  |
|  | Donation |   |   |   | R |   |   |   |  |
|  | Total |   |   |   |   | R |   |   |   |  |
|  | **For easier and safer processing, we would prefer that you do an E.F.T. as payment for your membership fees** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  BANK DEPOSIT |   |  | TRANSFER |   |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | EXCO MEMBERS'S SIGNATURE: |   |   |   |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **BANK DETAILS** |  |  |  |  |  |  |  |  |
|  | BANK  | : | ABSA |  |  |  |  |  |  |
|  | BRANCE 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: wpamasters@gmail.com |  |  |  |
|  | \* | Fax: 0864479614 |  |  |  |  |  |  |  |
|  | \* | IF DEPOSIT IS MADE INTO BANK ACCOUNT, DEPOSIT SLIP MUST ACCOMPANY THIS FORM |
|  | \* | For any inquiries: Leza Buckle 072 182 7723 |  |  |  |  |