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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): | | | | | |  | |  | |  | |  | |  |  |
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|  | PROF/DR/MR/MRS/MS: | | | |  | |  | |  | |  | |  | |  |  |
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|  | PHYSICAL ADDRESS: | | | |  | |  | | POSTAL ADDRESS (if different) | | | | | |  |  |
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|  | Postal Code: | |  | |  | |  | | Postal Code: | | | |  | |  |  |
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|  | 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 | | | | | | | | |  | |  | |  |  |