



KZN MASTERS ATHLETICS

2024 MASTERS MEMBERSHIP FORM

2024 Licence No: _____ 2023 Licence No: _____

Athletics Club: _____

Surname: _____

First Name: _____

Address: _____

Postal code: _____

Date of Birth: ____ / ____ / 19____

Identity No: _____

PLEASE ATTACH COPY OF I.D.

PHONE: (H) _____ (W) _____ (CELL) _____

e-mail Address: _____

INTERESTS: - Please indicate by marking each block with **X**:

TRACK: FIELD: WALKING: ROAD: X-COUNTRY:

Please make with an X if you do not wish for your photograph to be used on our website.

ANNUAL SUBSCRIPTION FEE: **R300** (EFT)

SPECIAL NOTE **R300 + R30** If Cash/Cheque deposit to cover additional bank charges

Bank details provided below. Cheques made out to **Masters Athletics Association-KZN**

I Declare that I am a bone fide amateur athlete and I subject myself to the Rules and Regulations of KZN Athletics, S.A. Masters, ASA and KZN Masters Athletics.

Date: _____ / _____ / _____

Signature: _____

BANK DETAILS:

Bank: **First National Bank**
Account Number: **54990793811**
Account type: **Current Account**
Branch: **Overport**
Branch Code: **222826**

The KZN Masters Athletics Association will endeavour to protect your personal information.
CONTACTS: Chairperson: Shona Hutchinson Mobile 079 874 6498 e-mail: hutchinsonshona@gmail.com
Vice Chairperson: Riaan Vosloo Mobile: 078 457 1936 e-mail: dbn@signea.co.za
Secretary: Victoria Coetzee Mobile: 082 615 5220 e-mail: mastersathleticskzn@gmail.com
Treasurer: David Fourie Mobile: 082 804 1524 e-mail: davefourie65@gmail.com