BETHLEHEM MARATHON KLUB

MEMBERSHIP

Please complete the form below & return to bhmmarathon@gmail.com



Name & Surname / Naam & Va	n:	
ID no:		
Cell Nr:		
Epos / Email:		
	hardloop en die klub vrywaar van e e that I run at my own risk and inde s.	-
Handtekening / Signature:		
Datum / Date:		

Payment Details / Betalings besonderhede:

The membership fee for 2024 is R450-00 / Die lidmaatskapfooi vir 2024 is R450-00

BETHLEHEM MARATHON KLUB
ABSA Bank 502233
Account number: 712359757
Email proof of payment to: bhmmarathon@gmail.com

Please note that this form and the official ASA form must be submitted by 24 November 2023, and proof of payment received not later than 31 January 2024.

www.bethlehemmarathonklub.com

A S A ATHLETICS SOUTH AFRICA

Date:

2024 ASA PERMANENT LICENCE APPLICATION FORM

A licence number will only be issued to the club, by the province, when this form is fully and correctly completed by the applicant, verified by the club, and accompanied by payment in full. The club/province may use an electronic registration system, with the form electronically signed and EFT payments made, provided the electronic system is aligned with the ASA license registration application system.

I am a: Mark all activities relevant									Ath	lete				Coach					Technical Official						Office Bearer					
Discipline: Mark all activities relavant								t	Track & Field					Road Running					Off-Road Running						Race Walking					
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Demographics - SRSA Requirement									Black					Coloured					Indian						White				\neg	
Age category - SRSA Requirement								Senior+					Junior					High School					Primary School			ol				
Gender: Male Female							Date of Birt				th (Y	h (YYYY-MM-DD)									-			-						
Title (Mr/Ms/Dr/ect.)									Initi	ials																				
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Tel	/Cell	pho	ne r	numk	oer				1 st											2 nd										
DECLARATION: I declare that I am a bona fide athlete/coach/technical official/office bearer. I confirm that all the information provided on this application is true and correct. I understand that my participation in an athletics related event is subject to the ASA Constitution, its rules and regulations. I understand that this licence can be retracted should I violate the ASA Constitution, its rules and regulations. I hereby accept that I participate in any event of ASA and its members entirely at my own risk. I indemnify ASA and its members, sponsors and organisers of any event against all and any action of whatever nature which may arise out of my participation and I agree that it is my responsibility to be medically fit to compete in any event. I understand that my information may be shared with ASA partners, in accordance with the ASA Privacy Policy. I understand that if I am a minor, my parent and/or legal guardian understands the nature of the athletic activity, approve of the declaration above, and sign it on my behalf.														 																
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Dat	e:								Sigr	natui	re of	Clu	b Re	pres	enta	itive	:													
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Signature and stamp of the Province: