



# BERGVLIET SPORTS ASSOCIATION

CHILDREN'S WAY, BERGVLIET, CAPE  
Telephone (021) 712 1315 P.O. BOX 4, BERGVLIET 7864  
bsasports@telkomsa.net

## APPLICATION FOR MEMBERSHIP

### PART 1: ASSOCIATION MEMBERSHIP

I, Mr/Mrs/Miss.....  
(Full names in BLOCK letters please)

make application for membership of the Bergvliet Sports Association, and if accepted will adhere strictly to the Rules and Regulations of the Association.

(a) Full Residential Address:.....  
.....  
..... Postal Code:.....

(b) Full Postal Address: (Only if correspondence is not to be sent to your Residential Address).....  
.....  
Cell No. .... Postal Code:.....

Telephone Number: Home:..... Office:.....

Date of Birth:..... Occupation:.....

What Constituent Club(s) of this Association are you joining?.....

E-Mail Add:.....

I enclose \*Cheque/Postal Order/Cash for R..... being the Association Annual

Subscription of R.....  
(Note: \*Please indicate)

.....  
(Date) (Signature of Applicant)

### APPLICATION SPONSORED BY:

(a) Proposer's Signature:.....  
.....  
(Proposer's initials and name in BLOCK letters please)

(b) Seconder's Signature:.....  
.....  
(Seconder's initials and name in BLOCK letters please)

### THIS PORTION FOR USE BY THE BOARD OF CONTROL ONLY

Receipt No.:..... Date Form displayed on Notice Board.....

Application approved by the Board of Control at Meeting held on the.....

Application Registered:.....  
(Date)

Signed:.....  
(Secretary)



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## APPLICATION FOR MEMBERSHIP

### PART 2: CONSTITUENT CLUB MEMBERSHIP

NOTE: Part 1 (Association Membership) must also be completed by all NEW members.

I, Mr/Mrs/Miss.....  
(Full names in BLOCK letters please)

make application for membership of the.....CLUB  
and if accepted will adhere strictly to the Rules and Regulations of that Club.

Are you an existing member of the Bergvliet Sports Association? YES/NO — If yes quote current Membership  
Card No.: .....

(a) Full Residential Address:.....  
.....  
.....Postal Code:.....

(b) Full Postal Address: (Only if correspondence is not to be sent to your Residential Address) .....

E-MAIL ADD:.....Postal Code:.....

Telephone Number: Home.....Office:.....

Date of Birth:.....Occupation:.....

Are you a member of any other Sporting Clubs? YES/NO

If yes, please give details:.....

If applicable, have you the necessary clearance certificate from your previous club? Yes/Not Applicable.  
(Note: Clearance certificate(s), where applicable, must accompany this Application)

How long have you been playing the sport for which your are applying? .....

Graded Position: (If applicable).....

I enclose \*Cheque/Postal Order/Cash for R.....being the Constituent Club

Annual Subscription of R.....and Entrance Fee of R .....

### APPLICATION SPONSORED BY:

(a) Applicant's Signature:.....DATE:.....

(b) Proposer's Signature: .....

(Proposer's initials and name in BLOCK letters please) .....

(c) Seconder's Signature .....

(Seconder's initials and name in BLOCK letters please) .....

### THIS PORTION FOR USE BY THE CONSTITUENT CLUB

Application accepted at Committee Meeting held on the.....

Signed:.....(Constituent Club Chairman/Secretary)

Receipt No.:.....Registered:.....(Date)

NOTE: After the applicant has been accepted by the Constituent Club Committee, the complete form (i.e. Parts 1 and 2) is to be handed to the Association Secretary, together with the applicant's Association fees. Part 2 of this Application Form will be returned to the Constituent Club as soon as the application has been sanctioned by the Board of Control and the portion below completed by the Secretary:

Approved by the Board of Control at a meeting held on the:.....

Date Registered:.....Signed:.....