



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:..... Signed:.....
(Date) (Secretary)