

# KHOSA Sports Club

## Application for membership

**Please complete legibly and with all required information**

All applications must be accompanied by payment. Receipt No: \_\_\_\_\_

Were you previously a member of KHOSA Sports Club? \_\_\_\_\_

Full Name (Print): \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone: H \_\_\_\_\_ W \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

ID Number:

email Address: \_\_\_\_\_

Section you wish to join (Mark with X)

Section	X	Subs
Joining fee		
Hockey		
Cricket		
Baseball		
Road running		
Social membership		
Racing pigeons		
Rugby		

I Hereby apply for membership of the KHOSA Sports Club and agree to abide by the club rules

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nominated By: \_\_\_\_\_  
Name
Signature

Seconded By: \_\_\_\_\_  
Name
Signature

Chairman/Secretary: \_\_\_\_\_  
Name
Signature

**N.B. SOCIAL MEMBERS - NOT APPLICABLE TO PERSONS UNDER THE AGE OF 18.**