



Running  
KIN

# RUNNING KIN MEMBERSHIP

46 EVERTON ROAD, KLOOF, 3610

ENQUIRIES AND MEMBERSHIP FORMS:

SECRETARY - SHAYNA SMITH 0715370596 EMAIL: [shayna@runningkin.com](mailto:shayna@runningkin.com)  
2020 APPLICATION OF MEMBERSHIP

**FEES FOR 2020 ARE AS FOLLOWS:**

**R450 – ATHLETES (20 YEARS AND OLDER)**

**R400 – ATHLETES PENSIONERS (60 YEARS AND OLDER)**

**R350 – ATHLETES JUNIOR (19 YEARS AND UNDER)**

**R300 – SOCIAL MEMBERS ONLY (EXCLUDES ASA LICENCE NUMBER)**

**TOTAL FEES DUE FOR ATHLETES: MEMBERSHIP FOR 2020 JANUARY – DECEMBER 2020 AND INCLUDES ASA LICENCE FOR 2020**

**SOCIAL RUNNERS / WALKERS FOR 2020 JANUARY – DECEMBER 2020 = R300 EXCLUDES ASA LICENCE.**

BANKING DETAILS: FNB, CURRENT ACCOUNT, RUNNING KIN  
ACC NO: 62821654383 BRANCH NO: 250655

*I hereby wish to make an application for membership for RUNNING KIN and shall abide by and be bound by the rules and constitution of RUNNING KIN.*

*I WISH TO BE A ..... (SOCIAL MEMBER / ATHLETE) OF RUNNING KIN AND DECLARE THAT I AM FIT AND ABLE TO TAKE PART IN SOCIAL RUNS THAT RUNNING KIN HAS TO OFFER TO THEIR MEMBERS. I UNDERSTAND THAT I PARTICIPATE AT MY OWN RISK AND MUST ACCEPT PERSONAL LIABILITY FOR ANY INJURY, ILLNESS OR LOSS OF ANY KIND. I DECLARE THAT I CONSIDER MYSELF TO BE IN GOOD HEALTH AND FIT TO PARTICIPATE IN ANY ACTIVITIES PROVIDED BY RUNNING KIN.*

LAST NAME.....ID NO: .....

FIRST NAME:..... CELL PHONE:.....

EMAIL ADDRESS:..... ADDRESS:.....

EMERGENCY CONTACT NAME AND NUMBER:.....

SIGN HERE :

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