



RUNNING KIN MEMBERSHIP

46 EVERTON ROAD, KLOOF, 3610

ENQUIRIES AND MEMBERSHIP FORMS: SECRETARY - SHAYNA SMITH 0715370596

EMAIL: shayna@runningkin.com

2024 APPLICATION OF MEMBERSHIP

FEES FOR 2024 ARE AS FOLLOWS:

R520 – ATHLETES (20 YEARS AND OLDER)

R400 – ATHLETES PENSIONERS (60 YEARS AND OLDER)

R400 – ATHLETES JUNIOR (19 YEARS AND UNDER)

R400 – SOCIAL MEMBERS ONLY (EXCLUDES ASA LICENCE NUMBER)

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 I agree to abide by the rules and Constitution of the club and to notify the club secretary if any of my personal details change during the period of my membership. I acknowledge that participation in all runs are undertaken entirely at my own risk. I absolve the club against any claims that may arise directly or indirectly as a result of my participation in such events and hereby agree to indemnify the Club and its committee in full against and any claims which may be made against it arising there from.

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:.....

.....

DATE OF BIRTH:

.....

EMERGENCY CONTACT NAME AND NUMBER:

.....

I WOULD LIKE TO RECEIVE MEMBERSHIP NEWSLETTERS?

PLEASE CIRCLE BELOW:

YES OR NO

SIGN HERE :

.....