



MEMBERSHIP APPLICATION FORM 2020

1. STUDENT / RIDER INFORMATION

Name:			
Surname:			
School:			
Grade:			
Date of Birth:			
Mobile No:			
Home No:			
Residential Address:			
Method of Payment: <i>(tick where applicable)</i>	Cash:		
	EFT:		

Banking Details: ABSA, Branch 632005, Account 9111880207, Current Account

2. PARENT / LEGAL GUARDIAN INFORMATION

<i>PARENT / LEGAL GUARDIAN 1</i>		<i>PARENT / LEGAL GUARDIAN 2</i>	
Name:		Name:	
Surname:		Surname:	
Mobile No:		Mobile No:	
Home No:		Home No:	
Office No:		Office No:	
Email:		Email:	

3. MEDICAL AID AND HEALTH CARE INFORMATION

Medical Aid Name:	
Medical Aid Scheme:	
Name of Main Member:	
Membership No:	
Preferred Hospital:	
General Health of Rider:	
Allergies:	
Special Medical Conditions:	
Medication:	