2022/2023
Membership Application Form

Member info

Last Name: _____ First Name: _____

ID Number: _____ Age on 30 September: _____

Please attach copy if ID or Birth certificate. If under age parent's ID must be added.

Tick appropriate: O Female O Male
Nationality: O White O Coloured O Black O Asian

Contact no: _____ Email: _____

Family Info:

Father First & Last Name: _____ Contact nr. _____

Mother First & Last Name: _____ Contact nr. _____

Medical History: (Tick below:)

Suffer from asthma	O	Have motor skill problems	O
Suffer with Epilepsy	O	Have Grommets	O
Broken a bone in your body	O	Other	O

Banking Details:

Name MBSLC
Bank: Nedbank
Account no: 1626013845 Branch: 168905
Ref: Your Name and Surname *(Please note send proof of payment to treasurer@mbslc.org)*

Please Note: MBSLC does NOT accept DUAL MEMBERSHIP in the same district.

Accept Constitution and club rules of MBSLC O YES O NO

If a member of another Club, please name Club: _____

Date: _____

Sign APPLICANT:: .....Sign PARENT/GUARDIAN: .....