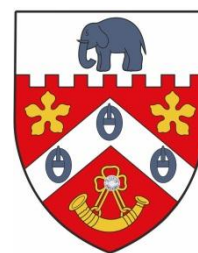




PE CRUSADER SPORTS CLUB

Membership Application



PO Box 918
Port Elizabeth
6000
Tel: 041 585 4716
e-mail: pecrusader@telkomsa.net

FULL NAME: _____ **CELL:** _____

EMAIL: _____ **D.O.B:** _____
DATE OF BIRTH

ADDRESS: _____

SIGNATURE: _____ **DATE:** _____

Name of existing or previous sports clubs: _____

Kindly indicate which Sport Section you would like to join as follows:

ATHLETICS

HOCKEY

SQUASH

CRICKET

RUGBY

Kindly indicate which category you belong to as follows:

PLAYING/ ACTIVE

SCHOLAR

SOCIAL

STUDENT

SOCIAL OVER 65 YEARS

FAMILY/SPOUSAL

PLEASE COMPLETE A FORM FOR EACH MEMBER

PROPOSER: _____

SIGNATURE: _____

SECONDER: _____

SIGNATURE: _____

COMMITTEE: _____

SIGNATURE: _____

BANKING DETAILS:

Bank : Standard Bank
A/c Name : Crusaders Athletics Club
A/c Number : 080 397 379
Branch : Pickering Street, Newton Park
Branch Code : 050 017
Reference : Name, Surname
Eg. John Smith