

Football Union of South Africa

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AMATEUR LEAGUE MEMBERSHIP APPLICATION FORM

SURNAME		MEMBERSHIP NO.	
FULL NAMES		GENDER MA	LE FEMALE
RESIDENTIAL ADDRESS			
CODE			
POSTAL ADDRESS			
		CODE	
BIRTH DATE	D D M M Y Y Y Y ID NUMBER		
CLUB		LEAGUE AMATEUR L	EAGUE
NATIONALITY	CELL NUMBER		
EMAIL ADDRESS			
I, the undersigned, hereby apply for a membership to the Footballers Union of South Africa and undertake to uphold, be bound, and comply with provisions of the union as assigned in its constitution and any determination or resolutions which the executive of FUSA may make. I authorise FUSA, on a non-exclusive basis, to use my name, image, and/or likeness or any other indication of identity for the purposes of achieving the goals of FUSA.			
SIGNATURE		DATE	
I,			
SIGNATUR		DATE	