

Football Union of South Africa

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MEMBERSHIP APPLICATION FORM

SURNAME		MEMBERSHIP NO.
FULL NAMES		GENDER MALE FEMALE
RESIDENTIAL ADDRESS		
CODE		
POSTAL ADDRESS		
		CODE
BIRTH DATE	D D M M Y Y Y Y ID NUMBER	
CLUB		LEAGUE
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, hereby authorise my club, to deduct a sum of R100.00 (One Hundred Rands) from my monthly salary, being my subscription to the Footballers Union of South Africa and effect monthly payments of the amount thus deducted, free of charge, to the Footballers Union of South Africa's bank account at: STANDARD BANK ACCOUNT TYPE: Cheque Account, ACCOUNT NUMBER: 10196709693, BRANCH NUMBER: 051001 I acknowledge, warrant, and guarantee that this authorisation shall also apply to any bank I may transfer to in the future. Should my club change, such change shall be listed below: Club: Date:/_ / Signature:		
SIGNATUR	E	PATE