

EMBA

ETHEKWINI MOUNTAIN BIKE ASSOCIATION

P O Box 2081, Hillcrest, 3650

Email: margie@peakevents.co.za

Tel: 082 714 2471, Fax: 086 609 3995

LICENSE APPLICATION / RENEWAL

1. APPLICATION TO BE SUBMITTED VIA YOUR CLUB

2. Complete in full, in **BLOCK** capitals
3. No licence application will accepted without the duly signed Indemnity Form
4. One Passport / ID Photo to be attached if a **NEW** application

Mr / Mrs / Miss	Surname:		First Name:	
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ID Number (OR Passport No. & Date of Birth if no SA ID):	
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Club:		CSA No.:		EMBA No.:	
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Postal Address:			
		Code:	
Street Address (if different from above):			
		Code:	

Tel (Home):		Tel (Work):	
Cell:		Fax:	

Email Address (PLEASE PRINT):	
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Medical Aid:		Medical Aid No.:	
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Allergies / Medical Conditions:	
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Emergency Contact Name:		Emergency Contact No.:	
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Tongaat Hulett Employee:	Yes / No
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Bank Details: ABSA Hillcrest, Branch Code: 631126, Cheque Acc. No.: 4069799583, Acc. Name: EMBA

SIGNATURE: _____ DATE: _____