



IAAF/ASA COACHES AFFILIATION FORM

I hereby wish to apply to be accredited as an ASA/IAAF Coach.
I understand that accreditation will only take place if I am athletically active.

WERE YOU PREVIOUSLY ACCREDITED BY CGA?

YES: NO: WHAT YEAR:

CLUB		LICENCE NO.	
SURNAME			
NAME			
ID NUMBER			
SEX	MALE	<input type="checkbox"/>	FEMALE
POSTAL ADDRESS			
TELEPHONE (W)	()		
TELEPHONE (H)	()		
FAX	()		
CELL			
EMAIL			
SIZE OF GOLF SHIRT			

QUALIFICATION LEVEL:

Provincial affiliation: ASA LEVEL 1 ASA LEVEL 2

Athletics SA Affiliation:

	ASA LEVEL 3 <input style="width: 40px;" type="checkbox"/>	
IAAF LEVEL 1 <input style="width: 40px;" type="checkbox"/>	IAAF LEVEL 2 <input style="width: 40px;" type="checkbox"/>	IAAF LEVEL 3 <input style="width: 40px;" type="checkbox"/>
IAAF LEVEL 4 <input style="width: 40px;" type="checkbox"/>	IAAF LEVEL 5 <input style="width: 40px;" type="checkbox"/>	

I am available as presenter at workshops and courses. YES NO

Please forward a recent ID photo (electronic version in JPEG-format) for your registration card.

Affiliation Fee: Provincial: R 250-00

Signature: _____ Date: _____