



ENGEN VOLKSWAGEN CUP ASSOCIATION

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Uitenhage
6231
South Africa

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2010 APPLICATION FOR MEMBERSHIP

MSA COMP. LICENCE NO: _____

CAR NO: _____ (office use only)

TEAM NAME: _____

IF A NEW COMPETITOR, PLEASE STIPULATE WHO YOU PURCHASED YOUR CAR FROM ?:

DRIVER DETAILS:

DRIVER SURNAME: _____ DRIVER FIRST NAMES: _____
DATE OF BIRTH: _____ AGE: _____

POSTAL ADDRESS: _____
POSTAL CODE: _____

PHYSICAL ADDRESS: _____
POSTAL CODE: _____

HOME NO: _____ FAX NO: _____
WORK NO: _____ CELL NO: _____
E-MAIL: _____

NEXT-OF-KIN: _____

EMERGENCY CONTACT PERSON & NO: _____

SIGNED BY COMPETITOR (or Parent / Guardian if under 18 yrs) _____

BANKING DETAILS: ACC NAME: ENGEN VW CUP ASSOCIATION
ABSA PORT ELIZABETH
ACCOUNT NUMBER: 9090841087
BRANCH CODE: 630 – 117

MEMBERSHIP FEE: **R500.00** (incl.)

NB: FAX CONFIRMATION OF PAYMENT & YOUR COMPETITOR NAME TO 086 511 9844