



## COMRADES MARATHON ASSOCIATION MEMBERSHIP APPLICATION FORM

Surname \_\_\_\_\_ Title \_\_\_\_\_ Initials \_\_\_\_\_

First Name \_\_\_\_\_ Nickname \_\_\_\_\_

Gender  Male  Female Date of Birth \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

ID Number: \_\_\_\_\_ Race \_\_\_\_\_

### Contact Details

E-mail address: \_\_\_\_\_

**Would you prefer to receive correspondence from CMA by email**

– i.e. notices, minutes, newsletters, etc?

YES  NO

Postal Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_

Comrades Race Number: \_\_\_\_\_ No of Medals \_\_\_\_\_

Athletic Club: \_\_\_\_\_

In which year did you join CMA \_\_\_\_\_ (if unknown please furnish approximate year)

Are you willing to assist as a volunteer?  YES  NO

If so, in which area would you prefer to assist? \_\_\_\_\_

I hereby confirm that I undertake to uphold the values and objectives of the Comrades Marathon Association, in particular equality, integrity, diversity, justice and mutual respect and undertake to participate in its activities in compliance with its Constitution and Rules.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Comrades Marathon Association  
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