

The league is required to submit a list of its office bearers

Any amendments to this list during the season must be notified to the National Secretary

Note: The form should be completed in block capitals

Name:	Name:
Address:	Address:
Post Code:	Post Code:
E-Mail:	E-Mail:
Date of Birth:	Date of Birth:
Phone Number:	Phone Number:
Mobile:	Mobile:
Position:	Position:
I agree to be bound by the Constitution & Rules of the SAFA	I agree to be bound by the Constitution & Rules of the SAFA
Signature:	Signature:
Name:	Name:
Address:	Address:
Post Code:	Post Code:
E-Mail:	E-Mail:
Date of Birth:	Date of Birth:
Phone Number:	Phone Number:
Mobile:	Mobile:
Position:	Position:
I agree to be bound by the Constitution & Rules of the SAFA	I agree to be bound by the Constitution & Rules of the SAFA
Signature:	Signature:
Name:	Name:
Address:	Address:
Post Code:	Post Code:
E-Mail:	E-Mail:
Date of Birth:	Date of Birth:
Phone Number:	Phone Number:
Mobile:	Mobile:
Position:	Position:
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Phone Number:	Phone Number:
Mobile:	Mobile:
Position:	Position:
I agree to be bound by the Constitution & Rules of the SAFA	I agree to be bound by the Constitution & Rules of the SAFA
Signature:	Signature:

