

COMRADES MARATHON ASSOCIATION MEMBERSHIP APPLICATION FORM

All fields to be completed, unless otherwise indicated



First Name(s) _____ Surname _____

ID Number _____ Gender Male Female

Race/Ethnicity (optional) _____ for purpose of B-BBEE classification

Email address _____

Note – The preferred method for correspondence from CMA will be by email – ie notices, minutes, newsletters, etc.

Town/City _____

Athletic Club (if applicable) _____

Occupation _____ Mobile Phone Number (____) _____

CMA Membership is open to individuals 18 years and older who are either active runners, active volunteers, or retired/longstanding runners/volunteers, who subscribe to the objectives of CMA and wish to participate in its activities in compliance with the CMA Constitution, Vision and Values,

Complete this section if you are/were a Comrades Marathon Runner:

Comrades Race Number _____ No of Medals _____

Complete this section if you are Comrades Marathon Volunteer:

Committee/Portfolio(s) in which you volunteer _____

Year in which you began to volunteer _____

(if unknown please indicate approximate year)

Applicant's signature:

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

By signing this form, I consent to the Comrades Marathon Association (CMA) collecting and processing my information provided for Membership purposes.

I understand that CMA may contact me if I have agreed to volunteer as well as to keep me informed of Membership status and AGM meeting details.

Signed _____ Date _____

Signature of Confirmation by Relevant Portfolio Holder

_____ Date _____

Comrades Marathon Association
PO Box 100621
Scottsville 3209

Telephone number 033 897 8650
Email membership@comrades.com
www.comrades.com