



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
PO Box 100621
Scottsville 3209
www.comrades.com

Telephone number 033 897 8650
Fax 033 897 8660
Email info@comrades.com