



SOUTH AFRICAN

TRANSPLANT SPORTS ASSOCIATION

1505 Titbabbler Loop
Montana Gardens
Pretoria
0182

Email: admin@transplantsports.org.za

Cell: +27 82 874 2277
Web: transplantssports.org.za

MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS

Title: Prof Dr Mr Mrs Ms Mast

Surname: _____ ID Number: _____

First Names: _____

Physical Address: _____

Province: _____

Postal Code: _____

Cell Number: _____

E-mail: _____

We prefer Email addresses to enable us to communicate more efficiently with members

WORK DETAILS:

Employed full time Employed part time Unemployed
 Student Retired Homemaker

CATEGORY MEMBERSHIP:

Transplantee Spouse/Family member Donor Donor family
 Medical Professional Corporate Friend of transplantee

TRANSPLANTATION HISTORY:

Organ/s: _____

Date of transplant: _____

Hospital: _____

Executive Committee: /



Public Benefit Orgar



Section 18 (A) 930-02



No: 004-595



ie le Roux (Treasurer)



PARTICIPATION IN SOCIETY ACTIVITIES:

Transplant Games: NOTE: Only for transplantees Please indicate your sporting interest:

Swimming Golf Lawn bowls Badminton Table tennis Tennis
 Squash Cycling Road running Petanque Ten Pin Bowling

Track and Field (Specify) _____

Other sporting activities: _____

Interested to be a sponsor

Other: _____

NO MEMBERSHIP FEE PAYABLE

DONATIONS WILL BE APPRECIATED

I include a donation of R _____

Payment Method: Bank deposit Electronic transfer

Bank deposits and electronic transfers: E-mail proof of payment to admin@transplantsports.org.za

Banking details: **ABSA** **Name of account:** SATSA National (Cheque)

Branch: Santyger **Code:** 632005 **Account number:** 4067461041 **Reference:** Your name

Signature: _____ **Date** _____

**Submit to your local Transplant Sports Regional administrator
or e-mail to admin@transplantsports.org.za**

FOR OFFICE USE ONLY:

Membership Number: _____ **Receipt No.** _____ **Date:** _____