

C1.6.b.2



Southern Transvaal Football Union

PHONE 838-5406

P.O. BOX 42291
FORDSBURG.
JOHANNESBURG

CHAIRMAN: J. ALLIE
GENERAL SECRETARY: A. BHAMJEE
SECRETARY: A. FATAAR
TREASURER: M. MAHOMED

.....1ST MARCH, 1977.

The Secretary,
FORDSBURG UNITED F.C.
(CHALLENGE LEAGUE)

Dear Sir,

Please find enclosed herewith Forms 1, 2, 3 and 4 for your attention with regards to affiliation or re-affiliation for the ensuing season.

Kindly ensure that these forms are CORRECTLY completed before submitting same to us for approval at the forthcoming Annual General Meeting.

Thanking you for your kind co-operation thus far,

We remain,

Yours in Sports,
For: SOUTHERN TRANSVAAL FOOTBALL UNION

AB

A. BHAMJEE
HON. GEN. SECRETARY

APPLICATION FORM.

NAME OF CLUB:

COLOURS OF CLUB:

ADDRESS OF CLUB:

PHONE NUMBER:

DATE:

The General Secretary,
Southern Transvaal Football Union,
P.O. Box 42291,
FORDSBURG. - JOHANNESBURG.

Dear Sir,

We of the above Club, do hereby seek affiliation/re-affiliation to your Union
for Season, in the
League/Division.

Enclosed herewith please find the following:

- 1) Affiliation/re-affiliation fees R
- 2) A copy of our Club's Constitution.
- 3) Membership Roll in triplicate.
- 4) List of Office Bearers.
- 5) List of Delegates to all Union meetings and authorised Signatories for clearances.

Trusting that the above application is to your satisfaction and hoping it
would be considered favourable.

Thanking you,

Yours in Sports,

(HON.) SECRETARY.

MR.

MEMBERSHIP ROLL FOR SEASON

NO.	<u>F I R S T N A M E</u> (PLEASE STATE NAMES IN FULL -	<u>S U R N A M E</u> PLEASE PRINT IN BLOCK LETTERS)
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OFFICE BEARERS FOR SEASON

- 1) PRESIDENT MR. _____
ADDRESS: _____
- 2) VICE-PRESIDENT MR. _____
ADDRESS: _____
- 3) VICE-PRESIDENT MR. _____
ADDRESS: _____
- 4) TREASURER MR. _____
ADDRESS: _____
- 5) SECRETARY MR. _____
ADDRESS: _____
- 6) ASSISTANT SECRETARY MR. _____
ADDRESS: _____
- 7) RECORD CLERK MR. _____
ADDRESS: _____
- 8) CAPTAIN MR. _____
ADDRESS: _____
- 9) VICE-CAPTAIN MR. _____
ADDRESS: _____
- 10) MANAGER/TRAINER MR. _____
ADDRESS: _____

(NOTE: PLEASE PRINT IN BLOCK LETTERS.)

S.T.F.U.(3)

SEASON

DELEGATES TO ALL UNION MEETINGS.

- 1) MR.
- 2) MR.
- 3) MR.
- 4) MR.
- 5) MR.

AUTHORISED SIGNATORIES FOR THE ISSUING OF CLEARANCES ETC.

1) NAME:

DESIGNATION:

SIGNATURE:

2) NAME:

DESIGNATION:

SIGNATURE:

3) NAME:

DESIGNATION:

SIGNATURE:

REMARKS: (FOR OFFICE USE ONLY)

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SIGNATURE:

DATE:

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