



FRANCISTOWN WRESTLING(PTY)LTD





MEMBERSHIP APPLICATION FORM

Name:
Surname:
Date of Birth:
Place of Birth:
Place of Residence:
ID No:
Phone/Cell No:
Address:P.O.Box/P/Bag:
Marital Status:
FOR OFFICIAL USE
Date of Registration:
Registration No:
Registered By:
Certified copy of ID and a recent photo (full cut)
Provisional MembershipFull Membership
AFFILIATION FEE:P

Affiliated to:





In Partnership with



