



MEMBERSHIP APPLICATION FORM

FULL NAMES:..... MEMBERSHIP NO:.....

SURNAME AND INITIALS:.....

POSTAL ADDRESS :.....

.....

CODE :.....

DATE OF BIRTH :..... ID NO:.....

CLUB:..... DIVISION:.....

TEL (HOME):..... CELL NO:.....

I, the undersigned, hereby apply for membership of the footballers Union Botswana and undertake to up hold, be bound, comply with provisions of the union as assigned in the constitution and any determination or resolutions of the executive of the SAFPU which may be made.

To authorize the F.U.B on a non-exclusive basis to use my name, image or likeness or any other indicia of identity for the purpose of the statement of purposes of the F.U.B

SIGNATURE :.....

I hereby authorize (club)..... F.C, to deduct 1% of my salary, being my subscription contribution to the Footballers union Botswana and effect monthly payments of any amount thus deducted, free of charge, to the union's bank account .

I acknowledge this authorization also applies to any club I may be transferred to in the future.

SIGNATURE:.....

Date:.....2012