



2024 ASA NATIONAL COACHES AFFILIATION FORM

I hereby wish to apply to be accredited as an ASA Excellence Advisor.
I understand that accreditation will only take place if I am athletically active.

WERE YOU PREVIOUSLY ACCREDITED BY ASA?

YES: NO: WHAT YEAR:

PROVINCE		LICENCE NO.	
SURNAME			
NAME			
ID NUMBER			
DEMOGRAPHIC			
GENDER	MALE		FEMALE
PHYSICAL ADDRESS			
CELL			
EMAIL			
SIZE OF GOLF SHIRT			
ASA LEVEL 3 QUALIFICATION YEAR			

QUALIFICATION LEVEL: (Tick the appropriate box)

ASA LEVEL 3

WA LEVEL 1 WA LEVEL 2 WA LEVEL 3

WA LEVEL 4 WA LEVEL 5

Specialising: (Tick the appropriate box)

Sprints / Hurdles	<input type="checkbox"/>	Multi Events	<input type="checkbox"/>
Middle / Long Distance	<input type="checkbox"/>	Throws	<input type="checkbox"/>
Race Walking	<input type="checkbox"/>	Jumps	<input type="checkbox"/>

Please forward a recent ID photo (electronic version in JPEG-format) for your registration card to coaches@athleticssa.co.za.

The Affiliation Form **MUST** be accompanied by your ASA Level 3 Certificate

Affiliation Fee: National Coaches: R600-00

Signature: _____ Date: _____

Closing Date for Affiliation is 12 March 2024