

SOUTH AFRICAN KICKBOXING ASSOCIATION INSTRUCTOR/CLUB MEMBERSHIP APPLICATION FORM



CRITERIA FOR MEMBERSHIP INSTRUCTOR/CLUB								
Tick Yes or No						Yes	No	
Valid Black belt Grading in Kickboxing (copy must be attached)								
Valid Certificate of Competency by SAKA National (copy must be								
attached)								
Valid First Aid certificate (valid – copy must be attached)								
Member in good standing with SAKA								
DOCUMENTS TO BE SUBMITTED								
Short CV of instructor (if first time applicant)								
INSTRUCTOR & CLUB DETAILS								
Name of Club As Registered on RSportz								
Instructor Name								
Physical Address								
(Please include your geo-political								
District and Province)								
Instructors Mobile Number								
Email Address								
DETAILS OF ASSITANT INST	RUCTO	RS						
DETAILS OF ASSITANT INSTRUCTORS								
NAME & SURNAME	Valid	Black	\ \ \	/alid	Valid	d Me	ember in	
		elt		ificate of	First A	-	d Standing	
		cate in		Competency certific				
		oxing		SAKA	Cortino	Wit	III OAILA	
	Oxilig	_	itional					
	Yes	No	Yes	No	Yes N	lo Yes	No	
	Yes	No	Yes	No		lo Yes	No	
	Yes	No	Yes	No		lo Yes	No	
	Yes	No	Yes	No		lo Yes	No	
	Yes	No	Yes	No		lo Yes	No No	
	Yes	No		No	res r	io res	NO	
Please Note:								
Affiliation Fees @ R1000-00 per year, per club • By belonging to any dissident organisations of								
Banking Details South African Kickboxing Association FNB. Platinum Business account SAKA and WARO membership will be revoked immediate effect. National Executive reserve the right of Membe						revoked with		
						•		
63046550257 • Banking Details is for your information only								
membership fees need to be paid into the							the	
		provincial bank accounts.						
			DA	′	MONTH	YEA	AR	
			_					
Signature of Instructor				Date				
ALL FORMS TO BE EMAILED TO: SAKAMEMBERSHIP@GMAIL.COM							M	
COMMENTS:								
Application Approved: YES NO Signature of National Executive								