SINOVILLE BRANDBESTRYDINGSVERENIGING MEMBER INFO

Application Date `YYYY` `MM` `DD`

Qualified Medic/Paramedic? `Y` `N` (mark with x)

Qualified Firefighter? `Y` `N` (mark with x)

MEMBER'S PERSONAL DETAILS

SURNAME

FULL NAMES

PREFERRED NAME   DATE OF BIRTH `YYYY` `MM` `DD`

ID NUMBER   AGE   GENDER `M` `F` (mark with x)

MARITAL STATUS ☐ MARRIED ☐ NOT MARRIED ☐ DIVORCED ☐ LIFE PARTNER ☐ WIDOWED

OTHER, PLEASE SPECIFY

HOME LANGUAGE   OTHER LANGUAGES

CELL PHONE NUMBER   E-MAIL ADDRESS

RACE ☐ ASIAN ☐ AFRICAN ☐ COLOURED ☐ INDIAN ☐ WHITE ☐ OTHER (PLEASE SPECIFY)

OCCUPATION/NATURE OF BUSINESS

EMPLOYER

EMPLOYER'S REGISTERED NAME WITH THE COMPENSATION COMMISSIONI

EMPLOYER'S REGISTERED NUMBER WITH THE COMPENSATION COMMISSIONE

WORK ADDRESS		HOME ADDRESS	
POSTAL CODE		POSTAL CODE	
POSTAL ADDRESS		CELLPHONE	
		HOME PHONE	
POSTAL CODE		WORK PHONE	

MEMBER'S MEDICAL DETAILS

DOCTOR'S NAME   DOCTOR'S TELEPHONE NUMBER

MEDICAL AID   MEDICAL AID NUMBER

MAIN MEMBER   MEMBER'S REFERENCE NUMBER

MAIN MEMBER ID   MEDICAL AID BENEFIT OPTION

MEMBER'S BLOOD TYPE	O+	O-	A+	A-	AB+	AB-	B+	B-	UNKNOWN

(MARK WITH X)

DOES THE MEMBER SUFFER FROM ANY CHRONIC MEDICAL CONDITION?   YES ☐   NO ☐

IF YES, PLEASE GIVE DETAILS

MEMBER'S MEDICAL DETAILS CONTINUED

DOES THE MEMBER TAKE ANY CHRONIC MEDICATION? (PRESCRIPTION AND OTHE YES [ ] NO [ ]

IF YES, PLEASE GIVE DETAILS [ ]

IS THE MEMBER RECEIVING MEDICAL TREATMENT FOR ANY CONDITION? YES [ ] NO [ ]

IF YES, PLEASE GIVE DETAILS [ ]

DOES THE MEMBER SUFFER FROM ANY ALLERGIES? YES [ ] NO [ ]

IF YES, PLEASE GIVE DETAILS [ ]

HAS THE MEMBER HAD ANY OPERATIONS OR OTHER MEDICAL PROCEDURES? YES [ ] NO [ ]

IF YES, PLEASE GIVE DETAILS [ ]

DOES OR HAS THE MEMBER SUFFERED FROM ANY OTHER ILLNESS OR DISABILITY? YES [ ] NO [ ]

IF YES, PLEASE GIVE DETAILS [ ]

DOES THE MEMBER HAVE ANY SPECIAL NEEDS/PROSTHETIC LIMBS/HEARING AIDS YES [ ] NO [ ]

IF YES, PLEASE GIVE DETAILS [ ]

PLEASE SPECIFY ANY OTHER MEDICAL INFORMATION [ ]

[ ]

[ ]

MEMBER'S SIGNATURE

NAME & SURNAME   SIGNATURE   DATE

DETAILS - PARTNER/NEXT OF KIN/EMERGENCY CONTACT 1

☐ FATHER ☐ MOTHER ☐ WIFE ☐ HUSBAND
☐ LIFE PARTNER ☐ FRIEND ☐ GRANDFATHER ☐ GRANDMOTHER

OTHER, PLEASE SPECIFY [ ] LIVING WITH MEMBER? YES [ ] NO [ ]

SURNAME [ ] PREFERRED NAME [ ]

FULL NAMES (AS IN ID [ ]

WORK [ ] HOME [ ]
ADDRESS [ ] ADDRESS [ ]
POSTAL CODE [ ] POSTAL CODE [ ]

POSTAL [ ] CELLPHONE [ ]
ADDRESS [ ] HOME PHONE [ ]
POSTAL CODE [ ] WORK PHONE [ ]

DETAILS - PARTNER/NEXT OF KIN/EMERGENCY CONTACT 2

☐ FATHER ☐ MOTHER ☐ WIFE ☐ HUSBAND
☐ LIFE PARTNER ☐ FRIEND ☐ GRANDFATHER ☐ GRANDMOTHER

OTHER, PLEASE SPECIFY [ ] LIVING WITH MEMBER? YES [ ] NO [ ]

SURNAME [ ] PREFERRED NAME [ ]

FULL NAMES (AS IN ID [ ]

WORK [ ] HOME [ ]
ADDRESS [ ] ADDRESS [ ]
POSTAL CODE [ ] POSTAL CODE [ ]

POSTAL [ ] CELLPHONE [ ]
ADDRESS [ ] HOME PHONE [ ]
POSTAL CODE [ ] WORK PHONE [ ]

DETAILS - PARTNER/NEXT OF KIN/EMERGENCY CONTACT 3

☐ FATHER ☐ MOTHER ☐ WIFE ☐ HUSBAND
☐ LIFE PARTNER ☐ FRIEND ☐ GRANDFATHER ☐ GRANDMOTHER

OTHER, PLEASE SPECIFY [ ] LIVING WITH MEMBER? YES [ ] NO [ ]

SURNAME [ ] PREFERRED NAME [ ]

FULL NAMES (AS IN ID [ ]

WORK [ ] HOME [ ]
ADDRESS [ ] ADDRESS [ ]
POSTAL CODE [ ] POSTAL CODE [ ]

POSTAL [ ] CELLPHONE [ ]
ADDRESS [ ] HOME PHONE [ ]
POSTAL CODE [ ] WORK PHONE [ ]