

## Associate Membership Application Form

**PLEASE PRINT OR USE BLOCK LETTERS**

Sex  Male..... Female.....	Applicant First Name      Other Names      Last Name   Ms Mas .....
Mother's Name      First      Middle      Last Name   Ms Mrs .....  Father's Name      First      Middle      Last Name   Mr. .....  "We are the parents of the Associate Member Applicant hereby give unconditional consent for our child to be a member of the GSSF and participate in the Federation's events accompanied by any of the two identified members named herein. We further consent to them undertaking all responsibility for our child in our absence."  Signature: Mother.....      Father.....	
Date of Birth of Applicant  ..... / ..... / .....  Day / Month / Year	Residential Address  .....  .....      Country.....
School / Institution .....      School Address .....  Course of Study .....	
Mobile Telephone.....      Home Telephone.....  Parent's Home Telephone.....      Email Address.....	
Briefly state the reason(s) you are applying for membership to the G.S.S.F.	
If an emergency arises please indicate a person to contact and their details.	
Do you have any health conditions?  If Yes, please list.	

**Applications not signed or received without the following articles will not be processed.**

- Kindly verify each article is included by placing your INITIALS in the box provided.

- Copy of applicant's birth certificate
- Copy of parent's ID (National ID card/Passport)
- Recent passport sized photograph of applicant
- \$5,000, Application fee (Non-refundable)

**Full GSSF Members Recommending Applicant (Required number 2)**

Member Name ..... Signature .....

Member Name ..... Signature .....

**OFFICIAL USE ONLY**

Form Verified By: \_\_\_\_\_ Photo ID Attached: \_\_\_\_\_

Received Fees: \_\_\_\_\_ Date received: \_\_\_\_\_

**Consent**

I/We the parent(s) of the Associate Member Applicant hereby unconditionally consent to my/our child application for membership of the GSSF. I/We further consent to my/our child's participation in the Federation's events and accept and fully undertake all responsibility for my/our child's care and conduct before, during and after any of the Federation's activities/events.

Signature .....

Signature .....

Print Name(s): \_\_\_\_\_ / \_\_\_\_\_

Date: \_\_\_\_\_  
Day / Month / Year