



TECHNICAL OFFICIAL AFFILIATION FORM

I hereby wish to apply to be accredited as a CGA Official.
I understand that accreditation will only take place if I am athletically active.

WERE YOU PREVIOUSLY ACCREDITED BY CGA?

YES: NO: WHAT YEAR:

CLUB		LICENCE NO.	
SURNAME			
NAME			
ID NUMBER			
GENDER	MALE		FEMALE
ADDRESS			
TELEPHONE (W)	()		
CELL			
EMAIL			
OFFICIATING EVENTS			
SIZE OF GOLF SHIRT			

QUALIFICATION LEVEL (PLEASE PROVIDE PROOF):

Provincial affiliation:	ASA LEVEL 1	<input type="checkbox"/>	ASA LEVEL 2	<input type="checkbox"/>
Athletics SA Accreditation:	ASA LEVEL 3 (NAR)	<input type="checkbox"/>		
WA BRONZE	WA SILVER	<input type="checkbox"/>	WA GOLD	<input type="checkbox"/>

I am available as presenter at workshops and courses. YES NO

Please forward a fully completed affiliation form, recent ID photo (electronic version in JPEG-format), copy of qualification certificate, letter of good standing from the club and proof of payment to bestab@centralgautengathletics.co.za Payment must be made to Central Gauteng Athletics account number 62383418326, FNB Germiston, Branch code 250-142. Use name as Reference.

Affiliation Fee: Provincial: R 600-00 YES NO

Signature: _____ Date: _____

1. I agree to abide by the rules and regulations of CGA and/or ASA.
2. I agree to abide by the Officials Code of Conduct as stated out by ASA.
3. I understand that the Committee reserves the right to reject/cancel your affiliation with good reason.

REGISTRATION WINDOW FOR TECHNICAL OFFICIALS: 01 NOVEMBER 2025 – 31 JANUARY 2026

NB: AFFILIATION is valid for 2 years February 2026 - December 2027