



2024 AGN COACHES AFFILIATION FORM

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

WERE YOU PREVIOUSLY ACCREDITED BY AGN?

YES: NO: WHICH YEAR: PREVIOUS LICENSE NO:

CLUB		2024 LICENCE NO.	
SURNAME			
NAME			
ID NUMBER			
SEX	MALE	<input type="checkbox"/>	FEMALE
POSTAL ADDRESS			
TELEPHONE (W)	()		
TELEPHONE (H)	()		
FAX	()		
CELL			
EMAIL			

QUALIFICATION LEVEL: (Tick the appropriate box)

ASA LEVEL 1	<input type="checkbox"/>	ASA LEVEL 2	<input type="checkbox"/>	ASA LEVEL 3	<input type="checkbox"/>
WA LEVEL 1	<input type="checkbox"/>	WA LEVEL 2	<input type="checkbox"/>	WA LEVEL 3	<input type="checkbox"/>
WA LEVEL 4	<input type="checkbox"/>	WA LEVEL 5	<input type="checkbox"/>		

Specialising: (Tick the appropriate box)

Sprints	Multi Events
Middle Distance	Throws
Long Distance	Jumps

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

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

Affiliation Fee: AGN: R300.00

Signature: _____ Date: _____

Closing Date for Affiliation is 31 March 2024