



AFFILIATED TO S.A.P.S.A.

Secretary 072 531 5059

MEMBER AFFILIATION 01 APRIL 2021 – 31 MARCH 2022

FULL NAME :

SURNAME :

ID NUMBER :

ADDRESS :

.....

.....

CELL NR :

E-MAIL:

CLUB:

SAPSA NO. (IF RENEWAL)

OPEN:

STAND:.....

CLASSIC:.....

PROD:

PR OPTICS.....

MIN/MAJ:

JUN/SNR:.....

LADY:.....

RO:.....

REQUIRED FOR STATISTICAL PURPOSES:

GENDER: MALE FEMALE

RACE : WHITE COLOURED INDIAN AFRICAN

ANNUAL AFFILIATION FEES STRUCTURE:

BPSA R220
SAPSA R900
- Spouse & Juniors R450

TOTAL PAYMENT: R _____ **MEMBER SIGNATURE**

FOR OFFICE USE ONLY

AFFILIATION FEES

RECEIPT No.

TREASURER

BOLAND No.