



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

Secretary 072 531 5059

**MEMBER AFFILIATION 01 APRIL 2017 – 31 MARCH 2018**

NAME : .....  
ID NUMBER: .....  
ADDRESS: .....  
.....  
.....  
TEL: .....  
CLUB: .....  
SAPSA NO. (IF RENEWAL) .....

OPEN: .....  
STAND:.....  
CLASSIC:.....  
PROD: .....  
MIN/MAJ: .....  
JUN/SNR:.....  
LADY:.....  
RO:.....

**REQUIRED FOR STATISTICAL PURPOSES:**

GENDER: MALE ..... FEMALE .....

RACE : WHITE ..... COLOURED ..... INDIAN ..... AFRICAN .....

**ANNUAL AFFILIATION FEES STRUCTURE:**

BPSA R170  
SAPSA R700  
- Spouse & Juniors R350

TOTAL PAYMENT: R \_\_\_\_\_ MEMBER SIGNATURE .....

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**FOR OFFICE USE ONLY**

AFFILIATION FEES .....

RECEIPT No. ....

TREASURER .....

BOLAND No. ....