



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

Secretary 072 531 5059

MEMBER AFFILIATION 01 APRIL 2018 – 31 MARCH 2019

NAME :
ID NUMBER:
ADDRESS:
.....
.....
.....
TEL:
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 R190
SAPSA R750
- Spouse & Juniors R375

TOTAL PAYMENT: R _____ MEMBER SIGNATURE

FOR OFFICE USE ONLY

AFFILIATION FEES

RECEIPT No.

TREASURER

BOLAND No.