

ALBERTON SPORTS SHOOTING CLUB

APPLICATION FOR MEMBERSHIP

PLEASE NOTE: This application will not be accepted unless clearly completed in print and in full and in **BLACK INK**. This application is subject to a 6 month probation period. Full membership fees are payable immediately.

NEW MEMBERS TO INCLUDE: A **COPY OF YOUR ID** and **2 COLOUR PASSPORT PHOTOS**, PLEASE PRINT YOUR NAME CLEARLY ON THE REVERSE OF THE PHOTOS.

| TYPE OF MEMBERSHIP REQUIRED | Full Membership | Club Membership |
|---|-----------------|-----------------|
| SURNAME (Mr / Mrs / Ms) | | |
| FIRST NAMES | | |
| IDENTITY NUMBER | | |
| PHYSICAL ADDRESS (HOME) | | |
| | | |
| | | |
| POSTAL ADDRESS | | |
| | | |
| | | |
| NAME OF EMPLOYER | | |
| PHYSICAL ADDRESS (EMPLOYER) | | |
| | | |
| | | |
| OCCUPATION | | |
| TEL: (HOME) | TEL: (WORK) | |
| CELLPHONE NO: | FAX NO: | |
| EMAIL ADDRESS | | |
| NAMES OF NEXT OF KIN | | |
| CONTACT NUMBER OF NEXT OF KIN | | |
| HAVE YOU PARTICIPATED IN SHOOTING BEFORE (State YES or NO) | | |
| If yes, advise TYPE | CLASS: | |
| NAME OF CLUB or ORGANISATION | | |
| CONTACT NUMBER | | |

| | |
|---|--|
| HAVE YOU EVERY BEEN SUSPENDED BY, EXPELLED FROM, OR REFUSED MEMBERSHIP OF ANY SHOOTING CLUB (State YES or NO) | |
| IF YES, PLEASE GIVE REASONS | |
| ARE YOU A REGISTERED MEMBER OF ANY OTHER SHOOTING CLUB (State YES or NO) | |
| IF YES, STATE NAME OF CLUB | |
| HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE OR OFFENCES AS A RESULT OF WHICH YOUR FINGER PRINTS WERE TAKEN (State YES or NO) | |
| IF YES, PROVIDE PARTICULARS OF EACH OFFENCE | |
| WHICH FIREARM(S) DO YOU POSSESS. IF THERE IS INSUFFICIENT SPACE, PLEASE PROVIDE PARTICULARS ON SEPARATE SHEET. | |

INDEMNITY:

I hereby indemnify and hold harmless the Town Council of Alberton, the Alberton Sports Shooting Club, its officials, range officers, and/or any member thereof from any claim that may be made against it for any loss, damage, injury, illness or death, or damage to property arising from the use of any firearms howsoever caused, or arising out of my presence on the premises of the Alberton Sports Shooting Club.

Should I be accepted as a member of the Alberton Sports Shooting Club, I agree to abide by the rules and constitution of the Club.

DECLARATION BY APPLICANT

I declare that the above information is true and correct

SIGNATURE OF APPLICANT _____ DATE: _____

PROPOSED BY: PRINT NAME: _____

SIGNATURE: _____ DATE: _____

This application must be handed to the committee member of duty

FOR COMMITTEE USE ONLY

| | |
|---------------------------------|-------|
| APPLICATION ACCEPTED / REJECTED | DATE: |
| COMMENT: | |



SOUTH AFRICAN PISTOL ASSOCIATION
Accreditation Number 1300056 A Member of SASSF
PERSONAL DETAILS FOR 2013

ALL AFFILIATED MEMBERS ARE REQUESTED TO COMPLETE ALL FIELDS ON THE PERSONAL DETAILS FORM ANNUALLY, TO ENSURE THAT THE SAPA OFFICE RECORDS ARE CORRECT AND UPDATED. PLEASE COMPLETE ALL INFORMATION ON THE FORM AND E-MAIL TO YOUR CLUB SECRETARY FOR ONWARD TRANSMISSION TO SAPA.

ALL NEW MEMBERS TO COMPLETE THIS FORM, AND INCLUDE 2 COLOUR PASSPORT PHOTO'S (PRINT NAME AND ID NUMBER ON THE REVERSE SIDE OF PHOTO'S) PLUS A CERTIFIED COPY OF THEIR ID AND POST/HAND TO THEIR CLUB SECRETARY TOGETHER WITH THEIR ANNUAL AFFILIATION PAYMENT.

SURNAME: TITLE: ETHNICITY:

(Ethnicity: B for BLACK, C for COLOURED, I for INDIAN and W for WHITE as REQUIRED BY SASCO in respect of transformation & development)

FIRST NAMES: KNOWN NAME:

JUNIORS: SCHOLAR / STUDENT: GENDER:

RESIDENTIAL ADDRESS:

POSTAL ADDRESS:

POSTAL CODE: SAPA NO:

IDENTITY NUMBER: PASSPORT NO:

TELEPHONE NO'S: HOME: WORK:

FAX: CELL:

E-MAIL ADDRESS:

HOME CLUB:

PROVINCE:

ACHIEVEMENTS: FULL PROTEA COLOURS (YEAR) JUNIOR COLOURS (YEAR)

PROVINCIAL COLOURS (YEAR)

OTHER (YEAR)

AFFILIATION: FULL MEMBER

FIRST YEAR AFFILIATED:

SIGNED BY MEMBER:

CURRENT GRADINGS TO BE CIRCLED

2012-08-27

PLEASE COMPLETE GRADINGS IN RED

| | EVENT-ISSF | GRADE | | | | | EVENT-NPA/PPC | GRADE | | | |
|----|-------------------|-------|---|---|---|----|------------------------|-------|---|---|---|
| | | B | S | G | M | | | B | S | G | M |
| 1 | 50 YARDS | | | | | 11 | 1500 PISTOL | | | | |
| 2 | CENTRE FIRE | | | | | 12 | 1500 REVOLVER | | | | |
| 3 | FREE PISTOL | | | | | 13 | CARRY GUN | | | | |
| 4 | L/AIR PISTOL | | | | | 14 | DISTINGUISHED PISTOL | | | | |
| 5 | L 25m PISTOL | | | | | 15 | DISTINGUISHED REVOLVER | | | | |
| 6 | M/AIR PISTOL | | | | | 16 | POCKET PISTOL | | | | |
| 7 | ORF (Short) | | | | | 17 | POLICE PISTOL A | | | | |
| 8 | RAPID FIRE (Long) | | | | | 18 | POLICE PISTOL B | | | | |
| 9 | SPORT PISTOL | | | | | 19 | POLICE PISTOL II | | | | |
| 10 | STANDARD PISTOL | | | | | 20 | POLICE PISTOL OPTICAL | | | | |
| | | | | | | 21 | SERVICE PISTOL A | | | | |
| | | | | | | 22 | SERVICE PISTOL B | | | | |
| | | | | | | 23 | SERVICE REVOLVER | | | | |
| | | | | | | 24 | STOCK SEMI AUTO | | | | |
| | | | | | | 25 | SUPER MAGNUM | | | | |
| | | | | | | 26 | SERVICE PISTOL OPTICAL | | | | |
| | | | | | | 27 | OPEN MATCH | | | | |
| | | | | | | 28 | OFF DUTY REVOLVER (6) | | | | |
| | | | | | | 29 | OFF DUTY REVOLVER (5) | | | | |

SIGNED BY MEMBER:

AFFILIATION CARDS WILL ONLY BE ISSUED IN RESPECT OF DIRECT DEPOSITS PAID INTO THE SAPA BAI ACCOUNT BY MEMBERS, ON RECEIPT OF WRITTEN APPROVAL FROM THEIR PROVINCES.

ALL NEW AFFILIATIONS TO BE SUBSTANTIATED BY THE REQUIRED DOCUMENTATION STATED ABOVE FOR THE ISSUE OF CARDS.

USEFUL SAPA INFORMATION

EXECUTIVE OFFICER

Mathilda Rautenbach

P.O Box 15278, Sinoville 0129

TEL & FAX: 012 543 2786