



## Member Application Form

NAME	SURNAME	DATE:	

ID	GAURDIAN NAME & SURNAME

CONTACT No.		E-MAIL	
GENDER (Male/Female)		CLASS (U18 Junior/Senior) Age	
Previously Disadvantaged		Ethnicity (Black/Coloured/Indian/White)	
PROVINCE		CLUB	

### ADDRESS


Adult Registration Fee	R150	Method of payment	
Junior Registration Fee	R100		

ACCEPTANCE OF SAHFTA CONSTITUTION

Signature

ACCEPTANCE OF SAHFTA CODE OF CONDUCT

Signature

ACCEPTANCE OF SAHFTA RULES & REGULATIONS

Signature

ACCEPTANCE OF AFFILIATION WITH  
South African Field Target Airgun Association (SAFTAA)

Signature

Member number (office use)

Mem No.

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APPLICANT SIGNATURE (PERANT/GARDIAN)

**SAHFTA Rules & Regulations, Code of Conduct & Constitution may be viewed @ [www.SAHFTA.co.za](http://www.SAHFTA.co.za)**

Please complete form as thoroughly as possible. Membership is valid from March to February of every year. In the even of applicant being under the age of 18, his/her Gardian/Parent information is mandatory. With completion of this document, Membership to SAHFTA, Affiliation to SAFTAA the individual shall not be liable for any obligation of SAHFTA\SAFTAA, nor will the SAHFTA\SAFTAA be liable for any obligation of the applicant.