

SOUTH AFRICAN PISTOL FEDERATION

Accreditation Number 1300056 A Member of SASSF PERSONAL DETAILS FOR 2024

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

ALL NEW MEMBERS TO COMPLETE THIS FORM AND INCLUDE 2 COLOUR PASSPORT PHOTO'S (PRINT NAME AND ID NUMER 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 AFEIL LATION PAYMENT

THEIR ANNUAL AFFILIA	IION PAYI	VIENI.						_	
SURNAME:						TITLE:		ETHNICITY:	
(Ethnicity: B for BLAC transformation & deve	K, C for (lopment)	COLOURED, I for	INDIAN an	d W for WI	HITE as REQUIF	RED BY S	ASCOC	in respect of	
FIRST NAMES:					KNOWN NA	AME:			
JUNIORS: SCHOLAR / STUDENT:					GENDER:				
RESIDENTIAL ADDRES	SS:								
POSTAL ADDRESS:									
		POST	AL CODE:			SAPF N	0:		
IDENTITY NUMBER:					PASSPORT N	O:			
TELEPHONE NO'S: HO	OME:				WORK:				
	FAX:				CELL:				
E-MAIL ADDRESS:									
HOME CLUB:									
PROVINCE:									
ACHIEVEMENTS: FULL PROTEA COLOURS (YEAR)					JUNIOR	COLOU	RS (YEAI	R)	
PROVINCIAL COLOURS (YEAR)									
OTHE	R (YEAR)	[
AFFILIATION: FULL MEMBER									
FIRST YEAR AFFILIAT	ED:		•		<u></u>				
SIGNED BY MEMBER:									