

**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 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	YES	NO
If yes, TYPE	CLASS:	
NAME OF CLUB or ORGANISATION		
CONTACT NUMBER		

HAVE YOU EVER BEEN SUSPENDED BY, EXPELLED FROM, OR REFUSED MEMBERSHIP OF ANY SHOOTING CLUB	YES	NO
IF YES, PLEASE GIVE REASONS		
ARE YOU A REGISTERED MEMBER OF ANY OTHER SHOOTING CLUB	YES	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	YES	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 FEDERATION

Accreditation Number 1300056 A Member of SASSF

## PERSONAL DETAILS FOR 2023

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 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 SASCOC in respect of transformation & development)

FIRST NAMES:  KNOWN NAME:

JUNIORS: SCHOLAR / STUDENT:  GENDER:

RESIDENTIAL ADDRESS:

POSTAL ADDRESS:

POSTAL CODE:  SAPF 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:

## **ALBERTON SPORTS SHOOTING CLUB**

### **Banking Details**

**BANK :** FIRST NATIONAL BANK

**BRANCH :** NORTHMEAD SQUARE BENONI 250112

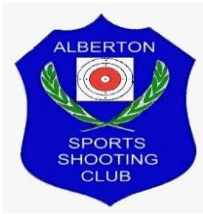
**ACCOUNT HOLDER :** ALBERTON SPORTS SHOOTING CLUB

**ACCOUNT NUMBER :** 62197347141

**CONTACT :** Bruce Paul

**Cell:** 0625 18 18 18

**E Mail :** [assc@easywebmails.co.za](mailto:assc@easywebmails.co.za)



# Alberton Sports Shooting Club

## Fee Structure 2025

### Membership Fees per annum

Club Member	R 1950.00
Partner	R 1000.00
Juniors	R900.00

**The Club Fees DO NOT include SAPA affiliation**

**Fees are due by 31/01/2025**

**Please use Club number as reference on payment**

Please contact Bruce if there are any queries

Cell: 0625181818

E-mail [assc@easywenmails.co.za](mailto:assc@easywenmails.co.za)

Bank Details: FIRST NATIONAL

Name: ALBERTON SPORTS SHOOTING CLUB

Account# : 6219-7347-141

Branch: Northmead Square -250 112