

SOUTH AFRICAN PISTOL ASSOCIATION

Accreditation Number 1300056 A Member of SASSF

PERSONAL DETAILS for 2008

ALL AFFILIATED MEMBERS ARE REQUESTED TO COMPLETE A PERSONAL DETAILS FORM ANNUALLY, TO ENSURE THAT SAPA OFFICE RECORDS ARE CORRECT AND UPDATED.

ALL NEW MEMBERS TO INCLUDE 2 COLOUR PASSPORT PHOTOS AND A CERTIFIED PHOTOCOPY OF THEIR ID. PLEASE PRINT YOUR NAME CLEARLY ON THE REVERSE OF THE PHOTOS.

PLEASE COMPLETE ALL INFORMATION ON THE FORM, SIGN AND HAND TO YOUR PROVINCIAL SECRETARY FOR ONWARD TRANSMISSION TO SAPA.

SURNAME:..... TITLE: DR/MR/MRS/MISS.....

FIRST NAMES:..... KNOWN NAME:.....

RESIDENTIAL ADDRESS:.....

POSTAL ADDRESS:.....

.....POSTAL CODE:.....SAPA No:.....

IDENTITY NUMBER:.....PASSPORT No:.....

TELEPHONE No's: HOME:.....WORK:.....

FAX:.....CELL:.....

EMAIL ADDRESS:.....**SIGNED BY MEMBER:**.....

HOME CLUB:.....

PROVINCE:.....

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

PROVINCIAL COLOURS:.....(YEAR) OTHER:.....

AFFILIATION: FULL MEMBER:.....**OR** CLUB MEMBER:..... FIRST YEAR AFFILIATED.....

CURRENT GRADINGS TO BE CIRCLED

EVENT – ISSF		GRADE				EVENT – NPA/PPC		GRADE				
1	50 YARDS	M	G	S	B	11	1500 PISTOL	HM	M	G	S	B
2	CENTRE FIRE	M	G	S	B	12	1500 REVOLVER	HM	M	G	S	B
3	FREE PISTOL	M	G	S	B	13	CARRY GUN	HM	M	G	S	B
4	LADIES AIR PISTOL	M	G	S	B	14	Distinguished PISTOL	HM	M	G	S	B
5	LADIES SPORT PISTOL	M	G	S	B	15	Disting REVOLVER	HM	M	G	S	B
6	MENS AIR PISTOL	M	G	S	B	16	Off Duty REVOLVER	HM	M	G	S	B
7	OLYMPIC RAPID FIRE Short	M	G	S	B	17	POLICE PISTOL A	HM	M	G	S	B
8	RAPID FIRE PISTOL (Long)	M	G	S	B	18	POLICE PISTOL B	HM	M	G	S	B
9	SPORT PISTOL	M	G	S	B	19	POLICE PISTOL 2	HM	M	G	S	B
10	STANDARD PISTOL	M	G	S	B	20	POCKET PISTOL	HM	M	G	S	B
						21	SERVICE PISTOL A	HM	M	G	S	B
						22	SERVICE PISTOL B	HM	M	G	S	B
						23	SERVICE REVOLVER	HM	M	G	S	B
						24	STOCK SEMI AUTO	HM	M	G	S	B

USEFUL SAPA INFORMATION

Executive Officer:
Mathilda Rautenbach
P.O. Box 15278, Sinoville 0129
Tel & Fax: 012 543 2786
E-Mail: sapistol@internext.co.za

SAPA Bank Details:-
Bank:..... ABSA
Branch:..... 501-045 Kolonnade, Pta
Account No:.... 010 914 805 70

FOR OFFICE USE ONLY:

RECEIPT No:..... Year Affiliated:..... Database update:.....

AMOUNT:..... Date:..... Card Issued:.....