

TRAINING MANUAL TO BE ISSUED



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**SOUTH AFRICAN HANG GLIDING &
PARAGLIDING ASSOCIATION**

Incorporating Powered Section

STUDENT MEMBERSHIP APPLICATION

A. TYPE OF APPLICATION

PPC

PPG

B. TRAINEE DETAILS

SURNAME:
FIRST NAMES IN FULL:
POSTAL ADDRESS:
.....POSTAL CODE:
DATE OF BIRTH: ID NUMBER:
TELEPHONE (H): (W): CELL:
FAX NO: E-MAIL:
NEXT OF KIN: RELATION: CONTACT NO:
MEDICAL AID/HOSPITAL PLAN:..... MED AID NO:.....
BLOODGROUP: ALLERGIES:

C. SCHOOL DETAILS

School Stamp if available

NAME:
ADDRESS:
TELEPHONE:
CHIEF INSTRUCTOR:

D. DECLARATION

Please issue my temporary membership affiliation to SAHPA. I agree to observe and abide by the Constitution, Rules and Regulations as may be in existence at any time.

I do not suffer from: DIABETES MELLITUS, EPILEPSY, SUDDEN ATTACKS OF FAINTING OR GIDDINESS, ANY MENTAL DISORDER REFERRED TO IN SECTIONS 2(1) & (3) OF MENTAL DISORDER ACT, 1916, ADDICTION TO ANY DRUG HAVING A NARCOTIC EFFECT, OR ANY DISEASE, DEFECT OR DISABILITY (INCLUDING EXCESSIVE EYESIGHT DEFICIENCY) LIKELY TO RENDER ME INCAPABLE OF FLYING AND CONTROLLING A HANG GLIDER/PARAGLIDER WITHOUT ENDANGERING PUBLIC SAFETY.

Trainee's Signature Date:

Consent of parent/legal guardian (for persons under 18 years of age)

Signature Date:

Name:

Student fee: R400.00

Banking details: Standard Bank, Midrand (00-11-55) SAHPA, Acc No: 202-489-280. Use initials and surname as a reference.

Office Use

Temporary Membership Validity (6 Months)

From: To: Date Paid: NO: