

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	<input type="checkbox"/>	HANG GLIDING	<input type="checkbox"/>	PARAGLIDING
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				
NAME:				<u>School Stamp if available</u>
ADDRESS:				<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
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: