

SOUTH AFRICAN HANG GLIDING & PARAGLIDING ASSOCIATION

Incorporating Powered Paragliding & Hang Gliding

P.O. BOX 191
CELTIS RIDGE
0130
Tel: 074-152-2505
Fax: 086-611-1005
E-Mail: office@sahpa.co.za



TEMPORARY MEMBERSHIP RENEWAL

HANG GLIDING

PARAGLIDING

TEMP MEMBERSHIP NUMBER:..... EXP DATE:..... SCHOOL:.....

A. PERSONAL DETAILS:

SURNAME

FIRST NAMES (IN FULL).....

POSTAL ADDRESS.....

..... POSTAL CODE

DATE OF BIRTH ID NUMBER

TELEPHONE: HOME..... WORK..... CELL.....

FAX NO:..... E-MAIL ADDRESS:

NEXT OF KIN: RELATION: CONTACT NO:

MEDICAL AID/HOSPITAL PLAN:..... MED AID NO:.....

BLOODGROUP: ALLERGIES:

C. 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.

Pilot's Signature Date:.....
Consent of parent/legal guardian (for persons under 18 years of age)

Signature Date:.....

Name:

D. REMITTANCE ADVICE – (For Office use only):

Date of payment received: _____ Amount Paid: _____

Valid From: _____ Valid To: _____

Banking Details:

Standard Bank
Midrand Branch, Code: 00-11-55
SAHPA
Acc No: 202-489-280

When making a direct deposit, please use your initials and surname as a reference and email or fax a copy of the deposit slip.