

SOUTH AFRICAN HANG GLIDING AND

PARAGLIDING ASSOCIATION Incorporating Powered Paragliding

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



STUDENT MEMBERSHIP APPLICATION

A. APPLICATION OF APPLICATION		PPG	PPC	PPT
B. TRAINEE DETAILS			STUDENT NUMBER	
SURNAME:				
TITLE:	NAMES IN FULL:			
DATE OF BIRTH:		ID NO:		
NATIONALITY:				
POSTAL ADDRESS:				
			POSTAL CODE:	
EMAIL:		MOBILE:		
NEXT OF KIN:				
Relationship:		Contact Number:		
MEDICAL AID/HOSPITAL PLAN:				
MED AID NO:		BLOOD GROUP:		
ALLERGIES:				
C. SCHOOL DETAILS			School Stamp (If available)	
NAME:				
ADDRESS:				
	TEL:			
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.				
TRAINEE'S SIGNATURE:			Date:	
Consent of parent/legal guardian (for persons under 18 years of age)				
Name:		Signature:		Date:
Student Fee: R 440.00	Standard Bank (051001). Acc No.: 202 489 280. Use initials & surname as reference			
OFFICE USE ONLY.		TEMPORARY MEMBERSHIP VALIDITY – 6 MONTHS		
FROM:	TO:	DATE PAID:	AMOUNT:	
Revision 1 Dated March 2018 Effective April 2018				