

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		HANG GLIDING	PARAGLIDING
B. TRAINEE DETAILS			STUDENT NUMBER
SURNAME:			
TITLE:	NAMES IN FULL:		
DATE OF BIRTH:	ID NUMBER:		
NATIONALITY:			
POSTAL ADDRESS:			
			POSTAL CODE:
CELL:	EMAIL:		
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			