

Member Application Form 1 March 2025 - 28 Feb 2026

	Member number (assigned by association)					
NAME		CHDNIANA		DATE		
NAME]	SURNAME	Ξ			
<u>ID</u>	」 -	PARENT/0	PARENT/GUARDIAN NAME & SURNAME			
TEL No.	E-MAIL					
GENDER Male Female	AGE	Junior U/13	Junior U/18	Adult		
PROVINCE	CLUB					
RESIDENTIAL ADDRESS	_	<u>-</u>				
Senior Registration Fee R180	Method of	payment	EF		Proof of payment & copy of ID must be mailed to: admin@sahfta.org.za	
Junior Registration Fee R120	Bar		Acc Name:Sout Bank: Nedbar Acc No: 118880 Reference exar	nk <u>Branch</u> 00922, <u>Type</u>	er Field Target Association : 10911400 : MM Investment Account me & surname)	
I, the undersigned, undertake to abide by SAHFTA Rules & Regulations, Constitution, SAFTAA Code of Conduct and the disciplinary process. I undertake to set the Associations free of any liability & shall not be liable for any obligation of SAHFTA/SAFTAA, nor will the SAHFTA/SAFTAA be liable for any obligation of the individual.						
Signed at	ed at Date:					

APPLICANT SIGNATURE (PARENT/GUARDIAN)