



MEMBERSHIP APPLICATION FORM

Please complete in black ink and capital letters

swatshooting@gmail.com
(012) 329-5373 Tel (012) 329-0505 Fax

Membership Tariffs CASH EFT OTHER

Member's Details

A

Membership Agreement between SWAT and

ID No:

Surname

First Names (as in ID)

Preferred Name

Occupation
E.g.: Contractor, Doctor, Lawyer, Teacher, Minister

Residential 1

Address 2

3

Postal Code 4

Postal 5

Address 6

7

Postal Code 8

Tel No (Home) 9

Tel No (Work) 10

Fax No 11

Cell No 12

e-mail address

BANKING DETAILS:

ABSA BANK
ACC NO: 9206613945
BRANCH: 632005
Savings account

ACCREDITATIONS:

NRCS - AZC/2004/204
SAPS - 3000421

Renewal Month	M	E	M	B	E	R
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Member Number <input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	G	Renewal Month <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>													
Name <input type="text"/>																											
ID <input type="text"/>																											
Signature <input type="text"/>							Member							Signature <input type="text"/>							Administrator						

D

Administration (For office use only)

YEAR 1
REC N°. 1st Joined

Cert N°. Date

F&C N°. Date

YEAR 2
Inv N°. Receipt No

Cert N°. Date

F&C N°. Date

YEAR 3
Inv N°. Receipt No

Cert N°. Date

F&C N°. Date

TERMINATION / CANCELLATION
MT N°. Date

E

Terms and Conditions of Membership agreement

I, the undersigned, do hereby acknowledge that: This is not a 'once off' product. This is an automatically renewable contract, which will only be cancelled by a Termination Notice as described overleaf. I cannot cancel this agreement within the first 12 months

I have read and understood the agreement overleaf, as well as rules, regulations and indemnities of SWAT, inclusive of any further terms and conditions, particular to this membership, in writing. I agree to pay all annual invoices as described in the agreement overleaf. I have familiarized myself with the rules and regulations in force from time to time and agree to be bound thereby.

Signature (for SWAT)																			
Signature (member)																			
Signed at							Date*							<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

F

Signature for your membership card
Keep signature within this block!