



**SA JAGGEWEERSKIETVERENIGING**  
**HUNTING RIFLE SHOOTING**  
**ASSOCIATION**

Geakkrediteerde Vereniging Nr. 1300039 Accredited Association

FEES: 1 Januarie 2024 – 31 December 2024

Membership Renewal fees: R800-00

**New Members**

Joining fees: R100-00 (Each applicant)+Main membership fees

(See table for prorated new membership fees)

New member or late registration	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Self R100+	R800	R750	R700	R650	R600	R550	R500	R450	R400	R350
*Additional Family member or person older than 60 R100+	R400	R375	R350	R325	R300	R275	R250	R225	R200	R175

\*Family constitutes a spouse, dependent children not **older than 20 years** of age of a main member. Applicants older than 60 years of age on date of application and on renewal

**Application process:**

- Members must complete a signed application form Annexure A
- consent form as stipulated by the POPIA Annexure B
- send completed forms, copy of ID document and proof of payment to the following **e-mail: [secretary@sahuntingrifle.co.za](mailto:secretary@sahuntingrifle.co.za)**
- To communicate with you, you must please register on our website – [www.sahuntingrifle.co.za](http://www.sahuntingrifle.co.za) – and follow the registration instructions.

**Note : Applications may take up to 14 days to complete but not limited to. No membership card will be issued**

Bank details	
Acc Name	SA Hunting Rifle Shooting Association
Banking Institution	ABSA
Account No:	405-332-9776
Branch	
Account Type	Current
Payment Reference	Initials + “Surname”



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**APPLICATION FOR MEMBERSHIP**

TITLE: \_\_\_\_\_ FIRST NAMES \_\_\_\_\_ SURNAME \_\_\_\_\_

ID NO / BIRTH CERT.														
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CONTACT DETAILS:			E-MAIL ADDRESS :											
CELL														
HOME														
WORK														

RESIDENTIAL ADDRESS:

POSTAL ADDRESS:

Residential Address	PO Box Address (Mark X if same as Residential)
Street No	
Estate Suburb	
Postal Code	
PROVINCE	
MUNICIPAL DISTRICT	

**Declaration**

I, the undersigned, am hereby applying for membership at the South African Hunting Rifle Shooting Association and I undertake to abide by above mentioned association's rules, code of conduct, regulations as well as its constitution and disciplinary process. (Available on the website)

I undertake to set the association, its officials and its members free of any liability concerning claims, legal actions, compensation for costs against the association, its officials and its members from myself or any other person, including my estate and my dependants as a result of my participation or presence at any event, at any shooting range of the South African Hunting Rifle Shooting Association and furthermore not expedite any claims deriving from above mentioned circumstances.

Signed at..... DATE:.....

APPLICANT'S SIGNATURE.....

# ANNEXURE B: POPI NOTICE AND CONSENT FORM

## POPI NOTICE AND CONSENT FORM

We understand that your personal information is important to you and that you may be disclosing such information. We are committed to safeguarding and processing your information in a lawful manner.

We are obligated to ensure that you understand the purpose of processing your personal information. Should you be of the opinion that your information is not processed in line with good practice in terms of the POPIA, or that information is being used for a purpose other than that for what it was originally intended, you can contact our Information Officer.

You can request access to information in our possession that pertains to you or in the event that you believe your information is outdated.

Our Information Officer's Contact Details	
Name	Conrad Walter de Does
Contact Number	084 9022000
Email Address:	secretary@sahuntingrifle.co.za

### Purpose for Processing your Information

We collect, hold, use and disclose your personal information mainly to provide you with access to the services and/or products that we provide. We will only process your information for a purpose you would reasonably expect, including:

- Providing you with advice, products and services that suit your needs as requested
- To confirm, verify and update your details
- To comply with any legal and regulatory requirements

Information in our possession may include, your first and last name, email address, a home, postal or other physical address, other contact information, your title, birth date, gender, residency status, banking details and other related information.

### Consent to Disclose and Share your Information

We may need to share your information to provide services and related support you have requested or require.

In the event that we are required to share your information, we will take all precautions to ensure that the third party will treat your information with the same level of protection as required by us in terms of the Act. Your information may be hosted on servers managed by a third-party service provider, which may be located outside of South Africa.

I hereby authorize and consent to the organization sharing my personal information with the following persons:
<b>SAHRSA Club/District/Provincial management for membership registers</b> <b>Annual Membership declarations to SASSCO and Sports Councils</b> <b>SAPD declarations regarding membership status and membership type</b>
Name & Surname
Signature
Date



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FOR OFFICE USE ONLY

Approved/Declined:	Yes                  No	Expiry date of Membership
Reason		
Dedicated Sport Person No		
Signature:		
Designation		
Date		