

Geakkrediteerde Vereniging Nr. 1300039 Accredited Association

Membership and League Registration Fees (Valid: 1 January – 31 December 2026)

SAHRSA operates as a sport league. Membership and registration consist of two components:

Step 1: Once-Off Registration Fee R100 – Payable only by:

- All new applicants
- Returning members who did not register in the previous year
- Late re-registrations (after the registration deadline of 31st of March)

Step 2: Annual League License Fee

This yearly fee qualifies a competitor for:

- Event results to count toward the official league log
- League membership confirmation letter (for license and competency applications)
- Firearm license application endorsement letters
- Dedicated sport shooter status (if qualifying)
- League member discounts (when offered)

Note: If not registered for the current year, a competitor may still participate, but their results will not count toward the league log, and benefits will lapse.

The license fee is not recoverable in arrears. Each member receives a lifetime member/license number.

Annual League License Fee

R850.00 – Full amount payable before annual deadline.

Prorated Fee for First-Time New Members

New member	JAN to MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC
Main Member R100 +	R850	R800	R750	R700	R650	R600	R550	R500	R450	R400
Discount* Additional Family member or person older than 60 R100+	R425	R400	R375	R350	R325	R300	R275	R250	R225	R200

Who Qualifies for **Discounts**?

- Married Spouse and/or dependent children under 21 50% discount
- Members aged 60 and over 50% discount
- Children under 14 Free*

Membership Type Summary

Туре	Fee	Notes
Day Visitor	R50 Day License per event	Payable with event registration
New League Member	R100 + Prorated Fee	One-time joining fee
Returning League Member	R850	Full annual license fee
Family League Member	50% of applicable fee	Spouse or child <21
Senior(60+) League Member	50% of applicable fee	Age at application or renewal
Child under 14 (Penkop)	Free	Linked to registered main member

^{*}Note - Family discounts apply only if linked to a main registered member.

Application process:

- Complete Annexure A (Membership Form)
- Sign Annexure B (POPIA Consent Form)
- send completed Annexure A and B forms, copy of ID document and proof of payment to the following

e-mail: secretary@sahuntingrifle.co.za

• Register your profile online at: www.sahuntingrifle.co.za

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

FULL NAMES			_SURI	NAME							
ID NO / BIRTH CERT.											
CONTACT DETAILS: E-MAIL ADDRE											
CELL											
HOME											
WORK											
RESIDENTIAL ADDRI	ESS:				POSTAI	_ ADDRI	ESS:				
Residential Address					PO Box Address (Mark X if same as Residential)						
Street Name :	Street Name : No :										
Estate	Sub	urb									
Postal Code											
PROVINCE											
MUNICIPAL DISTRIC	T										
Declaration I, the undersigned, herek Hunting Rifle Shooting A constitution, rules, code I acknowledge and acce	ssociation (S of conduct, r	SAHRSA) a egulations	and con , and di	firm that th sciplinary p	e applica procedure	nt will cor s (availat	nply wi	th the he offi	Associa icial web	ition's site).	
range is entirely at my ovall liability for injury, loss such events or venues.	wn risk. I her , damage, or	eby waive claims of	and relo	ease SAHF I that may	RSA, its o arise fror	fficials, ar n my part	nd its m icipatio	nembe n in, c	ers from	any and	
I further confirm that I will representatives for such		e, or allow	to be in	stituted, an	y legal ad	ction agai	nst SAI	HRSA	or its		
Signed at				D	ATE:					-	
APPLICANT'S SIGNA	TURE (Gua	ardian me	mber if	minor)							

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 POPIAI, 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 Email Address:	084 9022000				
	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:					
SAHRSA Club/District/Provincial management for membership reigisters Annual Membership declarations to SASSCO and Sports Councils SAPD declarations regarding membership status and membership type					
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			