

APPLICATION FOR DEDICATED SPORTS SHOOTING PERSON LETTER

FULL NAMES : _____

SURNAME : _____

ID NUMBER : -----

SAPSA NUMBER : -----

DATE SAPSA FEES PAID : -----

LAST SIX SHOOTING CREDITS ACCUMULATED *WHILE BEING AFFILIATED TO SAPSA*

DATE	LEVEL	COMPETITION	CREDITS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that the information given by me herein is both true and correct.

SHOOTER

DATE

CLUB CHAIRPERSON

DATE

I have verified against the official records of the The South African Practical Shooting Association that this person is on the date of this statement, a registered member of SAPSA and qualifies for the status of a **dedicated sports shooting person** in accordance with SAPSA's Constitution.

PROVINCIAL CHAIRMAN

DATE