



**BRITISH SOUTH AFRICA POLICE
REGIMENTAL ASSOCIATION OF THE TRANSVAAL**

MEMBERSHIP APPLICATION FORM

Name in full Preferred Name.....

Date of Birth..... Occupation.....

Home Address.....

..... Post Code.....

Phone..... Mobile..... e Mail.....

Work Address.....

..... Post Code..... Phone.....

SERVICE (Tick where Applicable)

Regular: Reserve: NS: Special: Army: RRAF; Prisons: INTAF: Dependent: Widow

Force No..... Date Attested..... Discharged.....

Rank on Discharge..... Decorations.....

Marital Status..... Spouse / Partner Name..... Dependents.....

I hereby apply for FULL / ASSOCIATE Membership of the Transvaal Branch of the BSAP Regimental Association. I understand that if accepted, the full subscription of R100.00 will become immediately payable and that the subscription will be renewable on the 1st January each following year.

Signed..... Date.....

NOTES

Full Membership may only be granted to ex Regular and Reserve Members.

Associate Membership may be granted to others at the discretion of the Committee

Dependents should quote details of their Member,

The Committee reserve the right to grant or refuse an application without giving reasons therefore,

Discharge Certificate A copy of the certificate or other document confirming service should be enclosed if available.

FOR COMMITTEE USE ONLY

APPROVED / NOT APPROVED

CHAIRMAN.....