

**PRETORIA OOS LUGGEWEER KLUB (POLK)**  
**PRETORIA EAST AIRGUN CLUB (PEAC)**



**MEMBERSHIP APPLICATION**

**Pretoria Oos Luggeweer Klub (POLK)**

**Pretoria East Airgun Club (PEAC)**

**Membership Fees (Pick the option that applies)**

Membership	Per Person/Per Year	Per Family/Per Year	Pensioner
Air Rifle Club – POLK / PEAC	R 450.00	R 750.00	R300.00
Once off Registration and Admin Fee (New Members Only)	R 250.00	--	--
SAHFTA (Optional – in order to have scores logged onto SAHFTA Rankings and participate in National Competitions) *Prices to be confirmed and must be paid directly to SAHFTA with Proof of Payment sent to both POLK and SAHFTA	*R120.00per Child	*R180.00per Adult	*R180.00

**Bank Particulars: POLK / PEAC HFT Klub**

<b>Name of Bank:</b>	<b>Capitec</b>
<b>Account No.:</b>	2347926876
<b>Branch No.:</b>	470010

Family (R750.00)		Individual/Single Member(R450)		Pensioner(R300)	
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Name & Surname	Id Number	Gender	Contact Number	Email address

Please page over for Declaration.

**PRETORIA OOS LUGGEWEER KLUB (POLK)**  
**PRETORIA EAST AIRGUN CLUB (PEAC)**

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Declaration:

- I, the undersigned, acknowledge and understand that Field Target Shooting may potentially be a dangerous sport, and hereby declare that my participation is wholly at my own risk.
- I agree to abide by the club's constitution and rules.
- I agree to familiarize myself with SAHFTA Rules and Regulations.
- I furthermore indemnify the Pretoria East Airgun Field Target Club, its members, office bearers, or any other person representing the club from any blame.
- I also surrender my rights to any claim whatsoever that may arise out of action or neglect of any of the persons mentioned herein.
- I hereby give / do not give permission that any imagery of myself and or my family, taken at any event hosted by PEAC may be / may not be published to social media or used for marketing materials.

1) Signature _____	Date _____(dd/mm/yyyy)
2) Signature _____	Date _____(dd/mm/yyyy)
3) Signature _____	Date _____(dd/mm/yyyy)
4) Signature _____	Date _____(dd/mm/yyyy)

\* Parent or Legal Guardian must sign where applicant is under 18.

***Please send application and proof of payment to [ajaneke.polk@gmail.com](mailto:ajaneke.polk@gmail.com)***