

SAHPA NEW MEMBER FORM

Name: _____

Address: _____

_____ Post code _____

Phone Nos _____ Mobile: _____

Email address (if any): _____

The club you have joined: _____

Northing _____

Easting: _____

Signatures:

GPS Operator: _____

Witness: _____

Owner's signature: _____

Send this form by mail to General Secretary, PO Box 398 Campbelltown 5074
or as a pdf emailed to sahpa.gensec@gmail.com