

SAHPA NEW MEMBER FORM

Name: _____

Address: _____

_____ Post code _____

Phone Numbers: _____ Mobile No. _____

Email address (if any): _____

The club you have joined: _____

Longitude _____

Latitude: _____

Signatures:

GPS Operator: _____

Witness: _____

Owner's signature: _____

Send this form by mail to General Secretary with \$20 to
PO Box 398 Campbelltown 5074
Or a pdf emailed to sahpa.secretary@gmail.com