



SANAPS SHERIFF & ACTING SHERIFF MEMBERSHIP APPLICATION FORM:

I the undersigned _____

SHERIFF / ACTING SHERIFF OF _____ in

_____ Province,

hereby apply for membership to SANAPS.

I undertake to abide by SANAPS's Constitution. (See this at: www.sanaps.org.za)

My Contact Details are as follows:

1. E- mail Address: _____

2. Physical Address: _____

3. Postal Address: _____

4. Tel: No: _____

5. Cell No: _____

Signed at _____ on _____

Signature: _____

MEMBERSHIP IS FREE

After completing the form please fax to (011) 760- 6525 or e- mail to icubaldawood@gmail.com or post to P. O. Box 9118 Azaadville 1750.