



**SANAPS SHERIFF & ACTING SHERIFF MEMBERSHIP APPLICATION FORM:**

I the undersigned Mr. / Mrs. / Miss \_\_\_\_\_

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](http://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: \_\_\_\_\_

After completing the form please fax to: (086) 660 8576 or e- mail to: Andrew Kgopolo Nkhumise: [akn5law@gmail.com](mailto:akn5law@gmail.com) or post to P. O. Box 135 Paarl 7620 Docex 3 Paarl.