



**WESTERN PROVINCE METALLIC SILHOUETTE SHOOTING ASSOCIATION**  
**WESTELIKE PROVINSIE METAALSILHOËT SKIETVERENIGING**

*Affiliated to the South African Metallic Silhouette Shooting Association • Geaffilieer by die Suid-Afrikaanse Metaalsilhoëet Skietvereniging*

**ANNUAL MEMBERSHIP FEES 2023**

Fee Category		WPMSSA	Amount paid	SAMSSA	Amount paid
Joining fee	New members	R250	R.....	R110	R.....
Senior fee	Between ages from 21 to 54	R475	R.....	R550	R.....
Veteran fee	From year when member turns 55	R275	R.....	----	----
Veteran fee	From year when member turns 65	---	---	R440	R.....
Junior fee	Up to year member turns 20	R245	R.....	R310	R.....
Student fee	WPMSSA bona fide student	R245	R.....	----	---
	SAMSSA full time stud up to age 25	---	---	R440	R.....
Family fee	WPMSSA includes spouse/children	R680	R.....	---	---
	Primary member	---	---	R550	R.....
	Spouse/Partner	---	---	R330	R.....
	Bona fide student ≤ 25 (see above)	---	---	R330	R.....
	Children (see also junior above)	---	---	R200	R.....

**1. DETAILS OF APPLICANT**

<b>Surname:</b>					
<b>Full Names:</b>					
<b>ID Number</b>				<b>Language preference</b>	
<b>Residential Address</b>					
					<b>Code</b>
<b>Postal Address</b>					
					<b>Code</b>
<b>Contact Numbers</b>	<b>Work</b>			<b>Home</b>	
	<b>Cell</b>			<b>Fax</b>	
<b>E-mail</b>				<b>Occupation</b>	

**2. OTHER INFORMATION**

Have you ever been convicted of an offence inside or outside the borders of the RSA?	
Is there any case pending against you?	
Have you ever been declared unfit to possess a firearm?	
If the answer is yes in any of the above, please provide details	

**3 DECLARATION BY APPLICANT:**

I, the undersigned, hereby declare that all the information furnished above is true and correct. I understand that the deliberate provision of false information and/or not furnishing relevant information will result in serious and appropriate disciplinary action being taken against the applicant. I hereby give permission to SAMSSA to, in accordance with Regulation 4(2) of the FCA, render information pertaining to my person, to the CFR and the SAPS. I hereby declare that I fully understand and abide by the constitutions of WPMSSA and SAMSSA.

I declare that I fully understand the contents of this declaration and do so out of my free will.

Signed on this the \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
Applicant

## ADDITIONAL MEMBERS ON FAMILY MEMBERSHIP

### SPOUSE/PARTNER:

Surname:.....

Full names:.....

Address:.....

.....Postal Code:.....

Email:.....

Home Tel:.....Bus Tel:.....

Cell:.....

ID NO:.....SAMSSA NO:.....

### CHILDREN:

Children refer to dependent children.

	<u>Child 1</u>	<u>Child 2</u>	<u>Child 3</u>
Surname	.....	.....	.....
Full names	.....	.....	.....
ID no / Date of birth	.....	.....	.....
Home telephone	.....	.....	.....
Cell number	.....	.....	.....
E-mail	.....	.....	.....
SAMSSA No	.....	.....	.....

### Administrative notes:

1. E-mail completed form to the WPMSSA secretary (wpmssa.secretary@gmail.com). Contact and banking details also on the WPMSSA website:  
<https://wpmssa.org.za/contact-us/>
2. Important: Complete your detail in full to keep the WP and SAMSSA databases current. This is vital to ensure proper communication.
3. If you skipped a year or more, please note you will have to pay the joining fee again for both SAMSSA and WPMSSA.
4. Account detail: WPMSSA, ABSA (branch code 632-005), Acct no: 110-443-0526 and use your SAMSSA/WPMSSA membership number as the reference when paying electronically. Use first initial and surname if new application.
5. Please e-mail proof of payment with completed form.
6. Membership cards will only be issued with a completed form and proof of payment.
7. **Dedicated members must be paid-up by 30 November to retain their dedicated status for the following year. If you are not paid up by then, SAPS will be informed accordingly.**
8. League shoot scores will not be recorded unless paid up. Also league scores will not be recorded for leagues before the date payment was made.