APPLICATION FOR MEMBERSHIP:



I, (Full Names & Surname)

i, (Full Names & Sumame)					
Hereby apply for membership of the South African Shobjectives of the SASS and I subject myself to the disciplin I further declare that I am committed to the highest ethical exemplary way in compliance with the Code of Conduct.	e, as contained in that al and professional s	ne Constitution ar	d Code of Conduct of the	e SASS. an	
My Personal details are as follow	<u>s:</u>				
I am the Sheriff for:					
My office is situated in the Province of:					
My Identity Number is:					
Number of deputies in my employment:					
My postal address is as follows:	Postal Code	:			
My e-Mail address is:					
My telephonic contact numbers are as foll	lows:				
Cellular Number:		Fax:			
Telephone: Office:		Home:			
Signed at	on this	day of		20	
			SIGNATUF	RE	

I ENCLOSE HEREWITH:

1. A copy of my Identity Document

Please note:

Membership fees are calculated on a sliding scale, please contact the secretary to confirm amount.

SASS Banking details: South African Sheriff Society, FNB, 62377414968 Branch Code 251445

FAX completed form to (051) 448 0148, 086 531 9010 or E-MAIL to sass@sheriffbfne.co.za