



SOUTH AFRICAN SAILING

Northern Region
 PO Box 15341, LAMBTON, 1411
 Tel 0836267597, Fax 011 827 0853
 Email: sasnr@sailing.org.za
 Website: www.sailing.org.za

LASER CLASS MEMBERSHIP 2017/18 INVOICE

Mr/Mrs/Miss/Other		Date of Birth	
Surname			
First Name (s)			
Physical Address			
		Postal Code	
Postal Address			
		Postal Code	
Tel (home)		(work)	
(fax)		(mobile)	
Email			
Yacht Club		SAS Membership No:	

Please complete and return the entire form to the SA Sailing office at the above address, together with your remittance.

Class	Sail No.	Reg. No.	Amount
Laser			R 295.00
			R
			R
			R
Total Payment			R

Is your boat registered in your name?

Yes / No

Do you need a transfer of measurement certificate form?

Yes / No

CLASS	FEE	REF	
Laser (From 1 July to 30 June)	R 295.00	CL21	Account Holder SA Sailing Bank Standard Bank of South Africa Branch Thibault Square, Cape Town Branch Code 02-09-09-00 Account Number 07-088-302-5 Account Type Current
			If payment is made via direct deposit or EFT please email or fax a copy of the deposit slip along with this form to the sasnr@sailing.org.za or fax number above. Please use the reference no for the class with your name, ie "CL21/....." (name)

Note that the payment is made to the SAS National account but the details are mailed to the Northern Region office.