



NASAS DEPUTY SHERIFF & STAFF MEMBERSHIP APPLICATION FORM

I the undersigned Mr./Mrs./Miss _____
Deputy Sheriff/Staff of Sheriff _____ in
_____ Province

hereby apply for membership to NASAS.

I further undertake to abide by NASAS Constitution (See this at WhatsApp 0722333935). I also agree that my name may be furnished to any appropriate party where proof of membership may be required.

My Contact Details are as follows:

1. Email Address: _____
2. Physical Address: _____
UBULUNGISA BUSEBENZE
JUSTICE SERVED
3. Postal Address: _____
4. Landline no: _____
5. Cell no: _____
6. WhatsApp no: _____

Signed at _____ on _____

Signature _____

After completing the form, please e-mail to: info@nasas.co.za.