



Dedicated to the Sound Management and Conservation of all Deer Species in $\ensuremath{\mathsf{NSW}}$



SURNAME:		FIRST	NAME:		MIDNAMES	;: _				
DATE OF BIRTH: /	1	SEX:	Male / Female							
FIREARMS LICENCE NO*:			CATEGORY:		STATE:					
DRIVERS LICENCE NO:			STATE:		NSW GAME LICE		NO:			
EMAIL:					PHONE NO:					
					POST CODE:					
OCCUPATION:										
	W MEMBERSHIF 0 APPLICATION			IEMBERSHIP RI RENEWALS ARE	E NEWAL E DUE NO LATER TH	AN 30	DTH JUI	NE)		
*Is NSWDA Membership used a	as the Genuin	e Reason	for a NSW Fire	arms Licence	? (please tick one)		YES			NO
MEMBERSHIP FEES (please tick	one)									
THREE (3) YEAR MEMB	ERSHIP			ONE (1)	YEAR MEMBERS	HIP				
STANDARD:	\$185	□ (save \$2	5)	STANDA	RD:		\$70			
FAMILY: (only for spouse, partner, and dependants under 18yo		□ <i>(save</i> \$3	5)		pouse, partner, indants under 18yo)		\$75			
JUNIOR: (under 18yo)	\$120	□ (save \$1	5)	JUNIOR: (under 18	yo)		\$45			
SPOUSE or PARTNER NAME (Non DEPENDANT NAME(S) and DATE (<u>INSURANCE NOTE:</u> Insurance is included in the members must be obtained for each additional fa	OF BIRTH (Unde	er 18yo only	n): f <u>FAMILY MEME</u>		only includes one ins					urance
MEMBERSHIP FEE (a						\$				
INSURANCE FEE \$10 PER ADDITIONAL FAMILY MEMBER <u>AFTER</u> THE FIRST N NEW MEMBERSHIP APPLICATION FEE (\$20):					EMBER:	\$ \$				
					TOTAL:	¢				
FEE PAYMENT NOTE:					IOTAE.	Ψ.				
PLEASE PAY BY 30TH JUNE . Electro New membership is subject to Commit signed form has been received and ac expiry. Failure to renew by 30th June	ttee approval. Ne knowledged by th	ew members he NSWDA	ship applications Secretary. Rene	vill only be consid wals are due no l	dered once all the nec ater than the 30th Ju i	essar ne in t	y fees a the yea	are pa r of n	aid a neml	and this bership
NSW Deerstalkers Association Inc. b	ank details;	BSB I	MONWEALTH Number: unt Number:	BANK 062-511 10-041-600						
I AGREE TO ACCEPT AND PRACTIC ABIDE BY THE CLUB CONSTITUTIO					ND REGULATIONS A	ND C	ODE O	F ET	HIC	S, ANE
Signature:				Date:	/	/	!			
Nominated by; Name:				Signa	ture:					
NOMINATION NOTE:										
Nominator must be a full member of th	e NSW Deerstalk	kers Associa	tion Inc.							

Return this form to:	The Secretary,	or, scan form and email to:	nswda@newsouthwalesdeerstalkers.org.au
	NSW Deerstalkers Association Inc.		-
	PO Box 519		
	Picton NSW 2571		