

NEW SOUTH WALES DEERSTALKERS ASSOCIATION INC.

Dedicated to the Sound Management and Conservation of Deer in N.S.W.

NEW MEMBERSHIP APPLICATION FORM

SURNAME: CHRISTIAN: MIDNAMES:

DATE OF BIRTH:/...../..... SEX: Male / Female

DRIVERS LICENCE NO: STATE:

SHOOTERS' LICENCE NO: CLASS:

POSTAL ADDRESS: POST CODE:

HOME ADDRESS: POST CODE:

HOME PHONE BUSINESS: MOBILE:

OCCUPATION:

OTHER CLUB MEMBERSHIPS: *Please list on back*

FEES (Please tick payments being made)

1 YEAR SUBSCRIPTION:

FAMILY: \$55.00
SINGLE: \$50.00
JUNIOR: \$25.00 (*Under 18 years*)

3 YEAR SUBSCRIPTION:

FAMILY: \$150.00 (*SAVE \$15.00*)
SINGLE: \$145.00 (*SAVE \$5.00*)
JUNIOR: \$70.00 (*SAVE \$5.00*)

PLEASE NOTE :

Insurance: This is included in the subscriptions with the exception of FAMILY MEMBERSHIPS which include only one insurance payment. Insurance must be obtained for each additional family member after the first at the rate of \$10.00 each.

INSURANCE @ \$10.00 PER FAMILY MEMBER AFTER THE FIRST	<u>TOTAL :</u>	\$.....
MEMBERSHIP SUBSCRIPTION FEE.		\$.....
ONE OFF NEW MEMBERSHIP APPLICATION FEE:		\$ 20-00

TOTAL ENCLOSED: \$.....

I AGREE TO ACCEPT AND PRACTICE THE NSW DEERSTALKER'S CODE OF ETHICS AND TO ABIDE AT ALL TIMES BY THE CONSTITUTION, FEDERAL, STATE AND TERRITORY LAWS.

Signature: Date:/...../.....

Nominated By: Name: Signature :

Seconded By: Name Signature :

Please note : Nominator and Seconder must be FINANCIAL members of the NSW Deerstalkers Ass.

PLEASE NOTE: This form is an application for a new membership only and is subject to Committee approval. An application will only be considered if accompanied by all the necessary fees. This form must be completed in full and is due for renewal 1st July year of membership expiry.

Please pay promptly.

Return this form to:

The Secretary NSW Deerstalkers P.O. Box 519 Picton NSW 2571