

GAME RANGERS ASSOCIATION OF AFRICA

MEMBERSHIP ADMINISTRATOR

P.O. Box 89

Hilton, 3245

South Africa

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APPLICATION FOR MEMBERSHIP 2009

1. SURNAME: _____

2. CHRISTIAN NAMES: _____

3. STATE PREFERRED NAME TO BE USED: _____

4. Date of birth: _____ I.D. Number _____

5. POSTAL ADDRESS: _____

CODE: _____ PROVINCE / COUNTRY: _____

CONTACT PHONE (H) _____ PHONE(W) _____

FAX: _____ E-MAIL: _____

Cell: _____ Spouse's name _____

6. **PROPOSER:** (This person must be a Professional Member of the Association but preferably not a Committee member) Please supply the full name, membership number and contact details of your proposer.

Name _____ Membership Number _____

7. **SECONDER:** (This person must be a Member of the Association but preferably not a Committee member) Please supply the full name, membership number and contact details of your seconder.

Name _____ Membership Number _____

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8. **MEMBERSHIP CATEGORIES AND ANNUAL SUBSCRIPTION as from 1/2/09**

(Please indicate which category you are applying for)

8.1. **Professional Member – R200.00**

Being any person who has earned his or her living in game ranging for a continuous period of at least five years
Please attach a separate C.V to this application stipulating the protected areas and capacity in which you worked, dates of service and, comprehensive details of the type and nature of work undertaken at each post. Eg. Veld management, anti-poaching, game capture, environmental education, monitoring and research etc.

8.2. **Member – R200.00**

Being any person who is earning his or her living in the game ranging profession and who, due to his or her

level of experience, does not qualify for Professional membership

Please attach a separate C.V to this application stipulating the protected areas and capacity in which you worked, dates of service and, comprehensive details of the type and nature of work undertaken at each post. Eg. Veld management, anti-poaching, game capture, environmental education, monitoring and research etc.

8.3. Student – R50.00

Being any person who is studying to qualify to earn his or her living in the game ranging profession. **N.B.** Once qualified you will be eligible to move to one of the other categories of membership

Please attach a short C.V to this application stipulating the courses taken and subjects passed. Include any relevant part time work, the capacity in which you worked, dates of service and details of the type and nature of work undertaken at each post.

8.4. Corporate Member

Being an organisation or business, which adheres to the Mission and Code of Ethics of the Association. Please attach a separate form to this application with the organisations or business résumé and any other relevant information.

- 8.4.1. Bronze Corporate Member- R 5 000
- 8.4.2. Silver Corporate Member - R10 000
- 8.4.3. Gold Corporate Member - R20 000
- 8.4.4. Platinum Corporate Member - More than the above and negotiate privileges

ORGANISATION OR BUSINESS NAME: _____

For all the above categories members are entitled among other things to the following:

- Participate in all the activities of the GRAA
- An up to date address list of GRAA members.
- Receive all correspondence, newsletters and magazines.
- A Game Rangers Manifesto.
- Access to the branded clothing, licence holders, books and other regalia of the GRAA.

9. SKILLS INFORMATION: *(Please give us an indication of any professional skills we can utilise within the Association, e.g. Guiding, Consultancy, Research, Environmental Education, Hunting, Language, Pilot, Diver, Photographer, Business Administration, Financial, etc.)*

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10. ADMITTANCE TO MEMBERSHIP

The Association may, at its absolute discretion, admit or not admit any application to any category of membership. Acceptance to any category of membership of the Association obliges such member to abide by the Constitution and Code of Ethics of the Association. Should any applicant not be admitted to membership, he or she may not reapply for six months from the date of the refusal of the application.

NOTE: Please attach a passport size photograph, and 1 years membership fees to this application. Should your application not be successful, your fees will be returned.

11. DECLARATION I, _____
(Print Name in full)

Apply for _____
(Print type of Membership)

SIGNED: _____ DATE: _____

Submit this form to your local regional committee or post, or email it to The Membership Administrator at the above address.