

GAME RANGERS ASSOCIATION OF AFRICA



ADMINISTRATOR:

LOUISE DE BRUIN
P.O. BOX 1033, GARSFONTEIN, 0042, SOUTH AFRICA
TEL +27 72 1235384
E-MAIL info@gameranger.org

BANKING DETAILS:

Name: GAME RANGERS ASSOCIATION OF AFRICA
Bank: FIRST NATIONAL BANK
Branch Code: 250655
Account No.: 53980026795
Swift Code: FIRNZAJJ

Proof of payment and this membership form must be forwarded via email to the Administrator.

APPLICATION FOR CORPORATE MEMBERSHIP 2021

1. CORPORATE MEMBER DETAILS:

NAME: _____
POSTAL ADDRESS: _____
CODE: _____ PROVINCE/REGION: _____ COUNTRY: _____

2. DETAILS OF POINT OF CONTACT PERSON:

TITLE: _____ SURNAME: _____
FIRST NAMES: _____
PHONE(H) _____ PHONE(W) _____
CELL: _____
EMAIL: _____

3. BENEFICIARY DETAILS: TO BE COMPLETED ON ACCOMPANYING BENEFICIARY FORM

4. OTHER DETAILS:

NO. OF RANGERS SIGNING UP WITH THIS CORPORATE APPLICATION – PLEASE SPECIFY HOW MANY
FIELD RANGERS AND HOW MANY GAME RANGERS: _____
RESERVE NAME (IF DIFFERENT TO CORPORATE
NAME) : _____
SIZE OF PROTECTED AREA SUPPORTED BY THIS RANGER TEAM : _____

5. PROPOSER: (This person must be a Professional Member of the Association)

Name: _____ Membership Number: _____

6. SECONDER: (This person must be a Member of the Association)

Name: _____ Membership Number: _____

7. MEMBERSHIP CATEGORIES AND SUBSCRIPTION FEE

7.1. 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.

- 7.1.1. Bronze Corporate Member- R5 955
- 7.1.2. Silver Corporate Member - R17 528
- 7.1.3. Gold Corporate Member - R23 820
- 7.1.4. Platinum Corporate Member - More than the above and negotiated privileges

ORGANISATION OR BUSINESS NAME: _____

8. 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.)*

NOTE: Please submit 1 years membership fees with this application. Should your application not be successful, your fees will be returned. Successful applicants will have a corporate membership pack sent to you.

9. DECLARATION

I, _____ apply for _____
(Print Name of point of contact in full) (Print Type of Corporate Membership)

SIGNED: _____ DATE: _____

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. By joining the Association, you give the Association the right to share your contact information with the Regional Chairs of the Association.