

Application for Membership of the Kapiti Branch of the New Zealand Deerstalkers Association Inc 2015/16



To:
 NZDA Kapiti
 PO Box 354
 Waikanae 5250

Dear Secretary,

I am applying for membership of the Kapiti Branch of the New Zealand Deerstalkers' Association for the 2015/16 year (March 1st 2015 – February 29th 2016).

My details are as follows:

Surname			
Given Name/s			
Preferred mailing address			
Suburb			
City/Town			
Post Code			
Occupation			
Telephone	Home	Work	
Cell phone			
Facsimile			
Email	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center;"> Do you wish to receive the NZDA national office newsletter electronically? Yes / No </div>		
Date of Birth	____ / ____ / ____		

Membership benefits:

- NZDA \$10 Million Liability Insurance Cover, including \$1 million rural fires extension.
- NZDA working to protect your hunting interests.
- NZ Hunting & Wildlife magazine (except for associates; 1 copy per family).
- Club newsletter.
- Access to club range, hunting trips, equipment, dinners and functions.
- Access to club and NZDA shoots.
- HUNTS (Hunter Understanding Training) courses.

The membership type I am applying for is:

(please circle one)

FEES – Branch year runs from March 1st to the last day of February.	Full Year March – August		1/2 Year September – February	
<i>1/2 year sub only apply if the applicant has not been a financial member in the previous financial year.</i>				
SENIOR – Full benefits at national and branch level.	\$85.50		44.25	
JUNIOR – Must be less than 18 years of age as at March 1st 2015. Full benefits apart from voting rights.	\$42.00		21.50	
STUDENT – Must be attending a tertiary institute or undergoing an apprenticeship. Proof must be provided.	\$56.50		28.75	
SUPERANNUANT – Over 65 as at March 1st 2015. Full benefits.	\$56.50		28.75	
FAMILY – Can be partner/spouse or children/ grandchildren under the age of 18 as at March 1st 2015.	\$7.00 each		3.50 each	
Family names and dates of births	Name: _____ DOB: _____ Name: _____ DOB: _____ Name: _____ DOB: _____ Name: _____ DOB: _____			
ENDOWMENT (Life Membership)	\$937.00 lump sum		5 payments of \$225.00 each	

Please find enclosed my payment for my application to Kapiti Branch.

Or charge to my: ☐ Mastercard ☐ Visa ☐ Debit

Card Number: _____

Expiry Date: /

Name of Card Holder: _____

Direct Credit/Internet Banking details:
Westpac, 03-0558-0139562-00, NZDA
Please use your surname as Reference and Branch name in particulars

Information for Applicants:

Club Meetings are held the second Wednesday of every month (except January and April) at the Reikorangi Hall, Akatarawa Road, Reikorangi, Waikanae, at 7.30pm.

Please note there is a \$2 cost to cover the tea room costs and for a raffle ticket.

For Further Information please contact the Branch Secretary Anton Williams, phone 04 904 1118 or email – kapitiNZDA.secretary@gmail.com

Under the terms of the Privacy Act 1993, I acknowledge that you are retaining my name and club details for the purpose of mailing further information on NZDA and related matters.

Signature:	Date:
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