

Application for Membership of the Kapiti Branch of the New Zealand Deerstalkers Association Inc 2016/2017



To:

NZ Deerstalkers' Assn. Inc
PO Box 6514
Marion Square
Wellington 6141

Dear Membership Secretary,

I am applying for membership of the **Kapiti** Branch of the New Zealand Deerstalkers' Association for the 2016/17 year (March 1st 2016 – February 28th 2017).

My details are as follows:

SURNAME		
GIVEN NAME/S		
STREET ADDRESS		
SUBURB		
CITY/TOWN		
POST CODE		
TELEPHONE	Home	Work
CELLPHONE		
OCCUPATION		
EMAIL		
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 affiliates or associates; 1 copy per family).
- ✔ Club newsletter – monthly.
- ✔ Club nights with guest speakers, organized branch hunting trips.

Information for Applicants:

Meetings are on the 2nd Wednesday of the Month, 7.30pm at the Reikorangi hall, Waikanae

The membership type I am applying for is:

(please circle one)

FEES – Branch year runs from March 1st 2016 to February 28th 2017.	Full Year March – February	½ Year September – February
<i>½ year subs only apply if the applicant has not been a financial member in the previous two financial years.</i>		
SENIOR – Full benefits at national and branch level.	\$90.00	\$44.50
JUNIOR – Must be less than 18 years of age as at March 1st 2016. Full benefits apart from voting rights.	\$45.00	\$23.00
STUDENT – Must be attending a tertiary institute or undergoing an apprenticeship. Proof must be provided.	\$60.00	\$30.50
ASSOCIATE – Unable to vote or enter national competitions. Does not receive H&W.	\$20.00	\$9.75
SUPERANNUANT – Must be over the age of 65 as at 1 March 2016. Full benefits	\$60.00	\$28.75
FAMILY – Can be partner/spouse or children/ grandchildren under the age of 18 as at March 1st 2016. Please advise names and date of birth.	\$10.00	\$5.00
FAMILY NAMES AND DATES OF BIRTH Name: _____ DOB: _____ Name: _____ DOB: _____ Name: _____ DOB: _____ Name: _____ DOB: _____		

(please tick one)

Yes

No

☐
☐

Do you have a firearms license?

Paying for your membership:

- 🔑 **Direct Credit** – NZDA, 03-0558-0139562-04. Please use your name as reference and branch name in particulars.
- 🔑 **Cheque or Cash** – Posted with application.
- 🔑 **On our Website** – www.deerstalkers.org.nz under “Pay My Membership”
- 🔑 **By providing Credit Card information below** – Please note your credit card information **will not** be stored.

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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Card Number: □□□□ □□□□ □□□□ □□□□

Expiry Date: □□ / □□ Name of Card Holder: