



Sporting Shooters' Association of Australia

Conservation & Wildlife Management (SA) Inc.

PO Box 188 Kent Town SA 5071

www.conservation-wildlife.asn.au



Membership Renewal 2017/18

v05.17

C&WM Membership No.: _____ Name _____

Address _____

_____ P/code _____

M [] F [] D.O.B. ____/____/____ Occupation _____

Phone (H) _____ Phone (W) _____ Mobile _____

E-mail _____

S.S.A.A. Membership No.: _____ Branch code: _____ S.S.A.A. expiry date ____/____/____
(refer to SSAA m/s card)

Note: It is a pre-requisite that you hold and maintain CURRENT FINANCIAL STATUS with the Sporting Shooters' Association of Australia whilst a member of the SSAA - Conservation & Wildlife Management (SA) Inc.

Firearms licence expiry date ____/____/____ Hunting permit expiry date ____/____/____

Note: To participate in field activities using a firearm, it is a pre-requisite that you hold a current South Australian firearms licence and a South Australian hunting permit issued by the Department of Environment, Water and Natural Resources.

Next of kin _____ Phone _____

Annual Subscriptions (November 1 to October 31)

Adult	(Single)	\$100.00	[]
Pensioner	(Single)	\$100.00	[]
Family*	(See below)	\$100.00	[]
Junior	(Independent-under 18)	\$ 15.00	[]

All Cheques/Money orders shall be made out to: SSAA - Conservation & Wildlife Management (SA) Inc.

Payment can be made via Electronic Funds Transfer or Cash Deposit. **A copy of your receipt must be returned with this form, or include the Deposit Reference No:.....**

Account details: ANZ Bank - Sporting Shooters' Association of Australia, Conservation & Wildlife Management (SA) Inc. BSB: 015-367, Account No.: 467074927. **Please use your member number as a reference.**

If applying for Family* Membership please list family members (include DOB for Juniors)

(1) _____ (2) _____

(3) _____ (4) _____

*Family: Adult + partner + children under 18.

RECORD OF: Payment:.....]

Database updated:.....] by Membership Secretary

M/Ship Card:.....]

Field Activities

I am available to become a:

- Activity Coordinator YES [] NO []
- Team Leader YES [] NO []
- Contact person YES [] NO [] (You may be required to contact 4-5 members in your area)

Preferred species

Feral / pest animal activity preferences: ALL [] rabbits [] hares [] cats [] foxes []
dogs [] goats [] pigs [] deer [] donkeys [] horses [] camels [] kangaroos []
birds []

Availability for quick response

Contact method for quick response: Phone - Home [] Work [] Mob. [] or E-mail []

Preferred minimum period of notice for quick response: Immediate [] 3 days []

Condition of Field Activity Participation Release and Waiver

(The form must be signed and returned before any field activities are undertaken)

I am aware that participating in any, SSAA – Conservation and Wildlife Management (SA) Inc. field activity is a potentially dangerous undertaking and that I participate in any activity at my own risk.

I acknowledge that the activity organisers (which terms includes all persons involved in the execution of the activity, the SSAA – Conservation and Wildlife Management (SA) Inc., its Council, Executive Committee, the Activity Coordinator, Team Leader, members, servants or agents) cannot control a range of matters in remote wilderness areas or anywhere else that may create or vary risks to my health and safety.

Such things include the weather, altered topography and track conditions, personal attributes such as my fitness, level of expertise and my approach to challenges presented. I may also be exposed to zoonotic diseases, including, but not limited to Q-fever and am aware of the precautions to take, such as vaccination and hygiene protocols.

I am also aware that any person participating in any field activity is only allowed to do so on the distinct understanding that they do so at their own risk.

My signature below acknowledges that of my own free will and desire I have contracted with the organisers to participate in the field activity and that I have read and understood the warning, and release from liability and waiver stated above and agree to be bound by it as a condition of participation.

**Signature _____ Date ____/____/____ (Application
not valid unless signed & dated)**

Please return this completed, signed renewal form with your payment to:

**S.S.A.A. – Conservation & Wildlife Management (SA) Inc.
Membership Secretary
PO Box 188
KENT TOWN SA 5071**