



# Sporting Shooters' Association of Australia

Conservation & Wildlife Management (SA) Inc.

PO Box 188 Kent Town SA 5071

www.conservation-wildlife.asn.au



## Membership Renewal 2018/19

v01.18

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 for Environment & Water.

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**