

African Professional Hunters Association

Please return completed form via

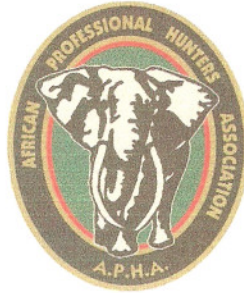
- POST to:

Executive Officer
P.O. Box 4
Arusha,
Tanzania

or

- EMAIL and attach documentation to:

executiveofficer@africanpha.org



2011 application format

Full Membership Application Form

Name in Full: _____
First *Middle* *Surname/Family name*

Outfitter(s) you are **currently** licensed under: _____

Nationality: _____

Place and Date of Birth: _____
d/m/y

Country of Residence: _____

African Mailing Address:

Foreign Mailing Address:

Email: _____

2nd Email: _____

Phone: _____

2nd Phone: _____

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Q3 Are you a member of any other association, hunting organization or hunting club?

*(To qualify for Full membership the applicant must be a Full member of at least 1 African country's hunting association.)
They may be contacted for confirmation.*

Name	From	To	Class/Status <i>(e.g. full/Life/yearly)</i>

Q4 With which outfitters have you guided hunting safaris?

Q5 Have you ever had your PH license suspended or revoked in any country you have worked in?

Yes/No _____ *(If Yes, please attach a separate written detailed explanation)*

Q6 Please supply letters of recommendations from **three (3)** current APHA Full Life Members, **OR** include their signatures below, **OR** kindly ask them to email the Executive Officer with letters of recommendation.

1. Name: _____ Signature: _____

2. Name: _____ Signature: _____

3. Name: _____ Signature: _____

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Q7. Blood Group/Type (optional): _____
(this is incase of an emergency)

Q8. Medical insurance provider (optional): _____

Q9. Contact when in the field:

Name: _____ Relation: _____

Tel: _____ Email: _____ Other: _____

I hereby certify & declare on my honor that the statements given in this application are true in every sense.

I further certify that I have never been prosecuted for any criminal offense or bankruptcy.

I pledge to obey all laws and regulations governing tourist and resident hunting in any country(s) that I hunt.

Date: _____

Place: _____

Signature of Applicant

Please contact the Executive Officer at executiveofficer@africanpha.org for details regarding where to send the following payments:

- *Application Fee* \$100 (non-refundable)
- *Life Membership Fee* \$500

Make sure your application for membership also includes:

- a. Photocopies of the applicable PH licenses
- b. 1 photocopy of the your passport page showing the photo
- c. 1 current photo of applicant

*** Any or all of this application may be sent via email to the Executive Officer ***

*** Please contact the Executive Officer for list of prerequisites for joining the APHA ***

Below this is to be filled out by APHA

Received and assessed by: _____

Amount Paid:

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Accepted Y/N: _____

Date: _____