

## **2021 INDIVIDUAL MEMBERSHIP APPLICATION/RENEWAL FORM**

THE FIELDS MARKED WITH \* ARE MANDATORY.

## **SECTION 1 - INDIVIDUAL INFORMATION**

## APPLICANTS NAME: \_

IF COMPANY OR ASSOCIATION PLEASE INDICATE

**\*PROFESSION:** 

**\*POSTAL ADDRESS:** 

\* PHYSICAL ADDRESS :

\* CITY:

\* COUNTRY:

**\* OFFICE PHONE:** 

\*MOBILE:

\* EMAIL:

WEBSITE:

FAX:

| MEMBER OF OTHER ASSOCIATIONS AND<br>ORGANIZATIONS SUCH AS DSC, HAT, SCI,<br>TATO ETC.: | 1.   2.   3.   4. |
|--|-------------------|
|  | 4<br>5            |
|  |                   |

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| SECTION 2 – MEMBERSHIP APPLICATION REFERENCES<br>Please provide an existing TAHOA member as a reference   |        |   |  |  |  |
|---|--------|---|--|--|--|
| * TAHOA MEMBER COMPANY NAME   |        |   |  |  |  |
| *FULL NAME AND TITLE OF INDIVIDUAL VOUCHING FOR YOU   | J:     |   |  |  |  |
| * Phone:  |        |   |  |  |  |
| * Email:  |        |   |  |  |  |
| SECTION 3 – MEMBERSHIP SUBSCRIPTION FEES  |        |   |  |  |  |
| INDIVIDUAL APPLICATION AS: <i>PLEASE TICK</i><br>INDIVIDUAL ASSOCIATE<br>COMPANY ASSOCIATE<br>ASSOCIATION ASSOCIATE   |        | INDIVIDUAL ASSOCIATE \$50<br>Company Associate \$500<br>Association Associate \$100 |  |  |  |
| * MEMBERSHIP FEES ARE DUE ON OR BEFORE THE 31ST MAY. NEW MEMBER FEES WILL BE PRO-RATED ACCORDINGLY TO<br>REFLECT TIME OF START OF SUBSCRIPTION<br>* EXCHANGE RATE IS REVIEWED QUARTERLY |        |   |  |  |  |
| SECTION 4 – APPLICATION AUTHORIZATION   |        |   |  |  |  |
| I/WE HEREBY APPLY FOR REGISTRATION AS A MEMBER OF THE TANZANIA HUNTING OPERATORS ASSOCIATION (TAHOA):   |        |   |  |  |  |
| NAME:   | TITLE: |   |  |  |  |
| SIGNATURE: D  | ATE:   |   |  |  |  |
| COMPANY STAMP/SEAL:   |        |   |  |  |  |
|   |        |   |  |  |  |

| For Office use | DATE | SIGNED |
|----------------|------|--------|
| RECEIVED BY    |      |        |