

Membership Application

<u>Full Professional:</u> Any person who is licensed and qualified to act as a professional hunter or outfitter. An applicant for full professional membership **<u>must be proposed by two full professional members and</u> <u>provide information as requested on the supplemental membership form.</u>**

Associate: Any person or firm that associates themselves with IPHA's aims and objectives.	
Please mark the appropriate class of membership Full Professional: Associate:	: Registration \$100 - Annual subs \$100 - Total \$200 Registration \$100 - Annual subs \$100 - Total \$200
Name:	
Company Name:	
Postal Address:	
Office Phone:	Home or Cell:
Fax:	Email:
Signature of proposer: Credit card payment: Card #:	
Objectives to which members pledge themselv *To promote, worldwide, the good management *To collaborate with governments on the conserv *To maintain a sportsmanlike concept of hunting *To prevent illegal and unsportsmanlike practice *To safeguard, worldwide, the interests of clients *To represent, worldwide, the interests of profes	res: of wildlife. vation of flora and fauna. g. s. s.
Date:	Signature:
internationalprohunters@gma Mail to: Internationa	ail.com - www.internationalprohunters.com l Professional Hunters Association a St., Kerrville, TX 78028



International Professional Hunter's Association (IPHA)

Full Professional Member Supplemental Application Form

Name:	
Company Name:	
Email:	Website:
Date of Birth	Place of Birth
List Countries/States/Provinces in w	hich you presently hunt and attach copies of applicable PH Licenses:
Year you started hunting professiona	ally
List other professional hunting organ	nizations and clubs to which you belong.
If you are not a member of the PH	association in the country where you hunt, please attach a detailed explanation
Have you ever been prosecuted/conv	icted for any criminal/civil offense? Yes / No
If yes, please attach a detailed writte	en explanation.
Names and Signatures of 2 Proposer	rs (IPHA Full Members)
Proposer 1: Name	Signature
Proposer 2: Name	Signature
<u>last 2 years</u>	endation from 3 clients who have hunted with you within the
1j approvea jor membersnip,	applicants will be subject to a one year probationary period.

By my signature below, I certify that the information I have provided is true and that I pledge myself to withhold the Objectives, Bylaws and Code of Conduct of the Association.

Date: ____

_____ Signature:_____

internationalprohunters@gmail.com - www.internationalprohunters.com Mail to: International Professional Hunters Association 503 Stephen St., Kerrville, TX 78028