



Associate Membership Application

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

Associate: Any person or firm that associates themselves with IPHA's aims and objectives.

Please mark the appropriate class of membership:

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Full Professional:

Registration \$100 - Annual subs \$100 - Total \$200

Associate:

Registration \$100 - Annual subs \$100 - Total \$200

Name: _____

Company Name: _____

Postal Address: _____

Office Phone: _____ Home or Cell: _____

Fax: _____ Email: _____

Name of proposer (must be a member): _____

(Full Professional applicants must have two proposers as required on the Supplemental Form.)

Signature of proposer: _____

Credit card payment: Card #: _____

Expiry: _____ Security Code _____

Signature for Credit Card: _____

Objectives to which members pledge themselves:

- *To promote, worldwide, the good management of wildlife.
- *To collaborate with governments on the conservation of flora and fauna.
- *To maintain a sportsmanlike concept of hunting.
- *To prevent illegal and unsportsmanlike practices.
- *To safeguard, worldwide, the interests of clients.
- *To represent, worldwide, the interests of professional hunters, outfitters and guides

Date: _____ Signature: _____