THE N.A.R.G.C. COMPENSATION FUND

MEMBERSHIP PROPOSAL FORM

NAME:

ADDRESS:

PHONE NUMBER: …… DATE OF BIRTH: ……/……/……

EMAIL ADDRESS: ……

OCCUPATION: ……

CLUB NAME: ……

AFFILIATED BODY NAME: ……

I hereby apply for membership of the N.A.R.G.C. Compensation Fund. I confirm that the contents of this proposal are true and accurate. I furthermore confirm that I am a fully paid up current Member of the Club named in this proposal. I acknowledge that I have carefully and fully read the N.A.R.G.C. Compensation Fund Contract and if accepted for membership agree to be bound by the terms of the Contract and in the case of the renewal of the Contract, by any altered terms which may be determined by the Compensation Fund Board and as are notified to me in the Protection Schedule each year.

I confirm that I am not involved in the commercial exploitation of Game/Pest species.

SIGNED: ……

DATE OF APPLICATION: …… / …… / ……