



P.O. Box 3047  
Cambridge  
East London  
5206

Cell # 083 - 652 2473  
secretary@borderhunting.co.za

## APPLICATION / RENEWAL FORM 2024

A. FULL NAME: \_\_\_\_\_ I.D. No: \_\_\_\_\_

B. RESIDENTIAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
CODE: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
CODE: \_\_\_\_\_

C. ADDRESS (WORK) \_\_\_\_\_

\_\_\_\_\_

PHONE (H): \_\_\_\_\_ (W): \_\_\_\_\_ (CELL): \_\_\_\_\_

FAX: \_\_\_\_\_ (E-MAIL): \_\_\_\_\_

I HEREBY WISH TO APPLY FOR MEMBERSHIP TO THE BORDER HUNTING CLUB. Select a type below:

- A) APPLICATION FEE - **R100**  once-off      C) JUNIOR FEE - **R150**  annual fee  
 B) MEMBERSHIP FEE - **R850**  annual fee      D) RE-JOINING FEE - **R100**  returning members

I agree to submit herewith a copy of my SA Identity Document (Passport if non-South African) and Proof of Residence. I agree and consent to the Border Hunting Club (BHC) conducting a search in respect of the SAPS database to determine whether or not I have been convicted of a criminal offence. I confirm that in the last five years I have not threatened or attempted suicide, suffered from major depression or emotional problems or engaged in intoxicating or narcotic substance abuse. Further, in the last five years I have not been diagnosed or treated by a medical practitioner for depression, drug, intoxicating or narcotic substance abuse, behavioural or emotional problems. I also agree to submit myself to an interview, in a format determined by the committee, as and if so requested by the committee. The said interview will be conducted at the discretion of the BHC, whose rights I agree remain fully reserved in respect of this entire application and any proceedings or enquiry, which follow herefrom. I also agree to produce to the BHC all reasonable and necessary documentation for the purposes of considering this application or at any interview, which follows herefrom. I am an avid outdoors enthusiast and have a great love and appreciation of wildlife in all its forms. I value the beauty and magnificence experienced when in nature and all habitats from arid through to savannah and bushveld terrains, within which fauna is found. I believe in good parenting and training of children in the ways of an ethical hunter and cherish the time spent with my family on hunting activities, as well as the camaraderie when out with fellow hunters.

I bind myself to the Border Hunting Club (BHC) Constitution, Code of Conduct and Disciplinary Procedures. I further submit to the specific Disciplinary Procedures, as published, and will strive to observe and uphold the Constitution of the BHC. I accept and confirm that the BHC, or their officials, employees or associates, shall not be liable, jointly or severally, for any damage or claim, as a result of any casualty, accident or shooting incident at or during my presence at or participation in or involvement in any way with shooting or the handling of guns or ammunition. I further certify, that in making use of BHC Facilities and opportunities, that I, my executors, legal representatives, employers or next of kin shall have no legal claim against the BHC, or their officials, employees or associates, collectively or individually, arising from any casualty, injury, lack of shooting quality, poor shooting venue or any liability, whether inadvertent or through negligence or any other action or failure to act.



Signature .....
ID # .....

I undertake to uphold the BHC credo:

- To promote ethical, recreational hunting for sustainable use,
- To promote conservation of our natural heritage for future generations,
- To equip hunters with knowledge and skills,
- To protect the interest of our members.



I understand that the BHC is in turn an affiliate member of the Firearms Owners South Africa (FOSA) and is bound by their constitution, regulations, code of conduct and requirements, which in turn will apply to me and are published at [www.fosa.co.za](http://www.fosa.co.za)

Each member of a member association (such as BHC) of FOSA, through its membership of the said member association is obliged to adhere to and commit to:

- Observe all the Hunting and Conservation Laws, ordinances, conventions and customs in the areas in which they hunt;
- Only practice commonly understood ethical hunting practices at all times and the principles of fair chase;
- Continuously promote the image of hunters and conduct oneself in a manner that does not dishonour hunting, nature conservation or the image of hunting associations such as BHC or FOSA;
- Conduct firearm operations with safety, skill, good judgment and respect for life in every aspect of hunting;
- Respect fellow hunters and landowners;
- Prevent a conflict of interest with an affiliated association (BHC);
- Promote good relations within members associations and FOSA;
- Perform the duties and responsibilities within the member association (BHC) and FOSA with honesty and responsibility at all times;
- Maintain the utmost good faith in respect of the ongoing disclosure of information, which may be relevant with respect to the acquisition or retention of a competency certificate to possess firearms.

I pledge to foster and promote the FOSA Code of Conduct and ethic in those who hunt with me, come after me and to leave to future generations a world that is in some measure a better place because of my presence.



I declare my criminal record is as follows (state NONE or list) \_\_\_\_\_

I declare I have no alcohol or drug dependencies or addictions for which I have received counselling or therapy (state NONE or identify issues) \_\_\_\_\_

APPLICANT \_\_\_\_\_ NAME OF PROPOSER \_\_\_\_\_

APPLICANT ID # \_\_\_\_\_

NAME OF GUARDIAN: \_\_\_\_\_ SIGNATURE GUARDIAN (if U21) \_\_\_\_\_

**NOTE:**

- If **TRANSFERRING** from another Hunting or Shooting Club to BHC please provide a Letter of Good Standing from your previous club.
- **DEDICATED Hunters/Shooters** need to ensure their Reports are current with current club **BEFORE** transferring.

**IF FOR ANY REASON YOUR APPLICATION IS NOT APPROVED BY THE COMMITTEE YOU ARE ENTITLED TO A FULL REFUND OF THE FEES.**

OFFICE USE

DATE: \_\_\_\_\_ APPROVED (YES) (NO)

SIGNED: CHAIRMAN \_\_\_\_\_ SECRETARY \_\_\_\_\_

**TEAR OFF SLIP FOR YOUR RECORDS**

**PROOF OF APPLICATION AND PAYMENT OF CLUB FEES (PLEASE PRINT NAMES)**

DATE \_\_\_\_\_ NAME OF PROPOSER \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

PLEASE KEEP TEAR OFF SLIP AS PROOF OF APPLICATION AND PAYMENT. PLEASE COLLECT MEMBERSHIP CARD FROM THE CLUB SECRETARY.

LIESEL JORDAAN: 083 534 1568

**BANKING DETAILS: FNB, VINCENT, Acc #.: 6217 4331 597, Branch code: 211 021**