



NAPHA
 NAMIBIA PROFESSIONAL
 HUNTING ASSOCIATION

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NAPHA MEMBERSHIP APPLICATION FORM
(Associate Member Category)
(Cycle 2025-2026)

We herewith apply for membership with the Namibia Professional Hunting Association (NAPHA) as:

ASSOCIATE MEMBER

Name of the Association/ Institution/ Organization:

.....

Trading as (name)

Country

Operating Address

Town/ Suburb P.O. Box

Home Page

Representative of the Association / Institution / Organization

Surname

Name

Title:

Position:

Tel: Cell:

E-mail:

How does the Association / Institution / Organization intend to support NAPHA and promote ethical hunting?

.....

.....

.....



Associate Member Category Definition

Any association or organization with objectives and interests similar to those of the Association qualifies to be an associated member based on the principle of reciprocity, and this membership category may also include members of communal conservancies who wish to join the Association, subject to the following -

- (a) each communal conservancy to be represented as a member is entitled to nominate one person from amongst itself to represent the conservancy in the respective year; and
- (b) the representative of the conservancy concerned may be called upon by any member of the Exco to present written proof that he or she has been nominated to represent the conservancy concerned

No fee applicable based on above mentioned support

PLEASE NOTE:

- The membership cycle runs from **1 September to 31 August** annually.
- Your application is **subject to approval** by the Executive Committee of NAPHA.
- NAPHA’s right of refusal or reason / disclosure of non-acceptance of membership application is reserved.
- By signing this Application Form, you are bound by the **NAPHA Constitution**, including the **NAPHA Code of Conduct** which is hereby attached.
- This Membership Category is subject to the principle of reciprocity.

We hereby declare that:

1. **We have read the Code of Conduct and fully understand the contents of it.**
2. **We acknowledge the Constitution as being binding by virtue of our signature.**
3. **All information provided herein is true and correct.**

Signed at..... on this.....day of

Signature of duly authorized Representative :.....

Full name:

Position: