



ARK 001

APPLICATION FOR MEMBERSHIP

Surname	Prof./Dr/Mr/Mrs./Miss
First Name(s)	Birth date
	Id Number

Address		
	Code	
E-Mail		
Tel: Numbers	(H)	(Cell)

Signature _____
 Date 20 / /

Applicants signature denotes acceptance of the ARK Constitution
 If Junior Member (Younger than 16 years of age)Parent must co-sign application form

Parent signature if required _____

Date Received
Comments
Other

INDEMNIFICATION

I _____

ID No _____

On behalf of *(to be completed if signing for a minor/junior member)

Name _____

Id no/Date of birth _____

Herewith indemnify the Association of Reptile Keepers (KZN) and / or it's organizers with regard of any damage, physical injuries, death, and or loss, which may occur during the participation of any activities of the said association. I realize that the keeping of snakes especially venomous or large snakes holds certain risks and if I or the junior member apply for any necessary permits I accept full responsibility for the safe keeping of the reptiles.

Signed at	
Date	

Signature _____

Witness _____

(If younger than 16 signature of guardian / parent is required)

JUNIOR MEMBERS

Any person under the age of sixteen (16) years who supports the aim and objectives of the ARK may become a Junior Member. Junior members will be allowed all privileges of ARK except that they shall not hold office or be allowed to vote.

The ASSOCIATION is also opposed to members under the age of sixteen (16) years in possession of venomous and endangered reptiles / amphibians.

The ASSOCIATION will not be held responsible for any illegal keeping of reptiles / amphibians or misconduct by members.

Please e mail this application back to ark.kzn@gmail.com