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**New Membership Information Form**

Please complete a separate form for each shoot or site

**Shoot Membership Information**

|  |  |
| --- | --- |
| Name of shoot: | |
| Address of the Shoot:    Postcode: | |
| Quarry: Please tick as appropriate  Partridge  Duck  Grouse  Pheasant | |
| Total annual bag shot (for membership band): | |
| Scheme Applied for: Please tick as appropriate:  Lowland Upland Game Farm Game Farm Game Farm  Shoot Shoot (Laying Flock) (Hatchery) (Rearing) | |
| Name and address of Game Dealer: | Name and address of Vet: |
| Days shooting takes place: | Tick box if priority  assessment |

**Shoot Contact Details**

|  |  |
| --- | --- |
| Name of contact for booking the site audit: | Position: |
| Tel: | Mobile: |
| Email: | |
| Name and job titles/position of persons to be present at the audit (if different from above) | |
| Email address: | Mobile: |

**Membership Billing information**

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| --- |
| Organisation to be invoiced: |
| Address:    Postcode: |

**Declaration and Authority**

|  |  |
| --- | --- |
| Aim to Sustain Partner Membership (Organisation or key individuals): Please tick as appropriate:  BASC CA CLA EW GFA MA NGO SLE  Scientific Advisor: GWCT | |
| Organisation agrees to comply with Aim to Sustain Game Assurance Standards and Scheme Rules  (please tick box) | |
| Name of applicant: | |
| Signed: | Position: |
| Tel: | Mobile: |
| Email: | Date: |

**Additional Comments**

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Once completed, please email this form as a word document or .pdf to [agrifood@saiglobal.com](mailto:agrifood@saiglobal.com)