

# NT Back Country Hunting HUNTER ACCREDITATION COURSE ENROLMENT

**PLEASE USE BLOCK CAPITALS & WRITE CLEARLY**

**Personal Details**

Mr/Mrs/Ms      Family Name

--	--

First Name

Other Names

--	--

Email

*(Required to email electronic copy of Accreditation Booklet)*

Date of Birth

	____/____/____
--	----------------

**Postal Address**

Flat/Unit/House No.

Street/Road Name

--	--

City/Suburb/Town

State

Postcode

--	--	--

**Phone Numbers:**

\* ( )      **Mobile**  
 \* ( )      **Home**  
 ( )      **Work**

**Date of Course:**      \_\_\_\_/\_\_\_\_/\_\_\_\_

**Location of Course:**

*\*At least one is required*

Enrolment Fee		Total Payment
Fee	\$ 50	\$

*(Please attach individual BCH Enrolment Forms for each person if payment is for multiple Enrolments and bring with you your firearms licence and, if possible, your Approved Hunting Organisation membership details)*

**Please Note:** no refund for persons who do not attend courses enrolled in.

**Preferred Payment Options (PLEASE DO NOT SEND CASH IF MAILING OR NOT PAYING IN PERSON)**

**Credit Card details**

**Please charge my:**    Mastercard                       Visa

**Name on card:** \_\_\_\_\_

**Card Number:**    \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_    **Expiry:** \_\_\_\_ / \_\_\_\_    (Month/Year)

**Amount: \$** \_\_\_\_\_  
**[Insert total]**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Other Payment Options** (Please make bank cheques payable to Northern Territory Firearms Council)

Bank cheque enclosed     Money order enclosed



**ENQUIRIES TO:**  
**Phone:** 08 8947 1682  
**Email:** [info@ntfirearms.com.au](mailto:info@ntfirearms.com.au)  
[www.firearms.com.au](http://www.firearms.com.au)  
 P.O. Box 39418, Winnellie. NT 0821

**For Office Use Only**

**Date Received:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date Processed:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Credit Card Accepted:** Yes/No

**Email sent with Handbook and information:** Yes/No