



AUSTRALIAN QUARTER PONY ASSOCIATION

ABN: 99 243 732 466
PO Box 450, Casino NSW 2470
www.aqpa.com.au

MEMBERSHIP APPLICATION

Membership year runs from 1 July to 30 June

Please print in block letters **Do not use correction fluid**

Please tick one

Member Name	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Property Name	ABN
Postal Address	
Town/Suburb	
State	Post Code
Contact/Phone	Home
	Mobile
Contact/Phone	Work
	Fax
Email	

MEMBERSHIP TYPE

Full Membership	One person only	\$40.00	<input type="checkbox"/>
Constituent Membership	Stud/Company/2 or more people	\$80.00	<input type="checkbox"/>
Associate Membership	One person & cannot own ponies	\$20.00	<input type="checkbox"/>
Affiliate Membership	Club or Association	\$40.00	<input type="checkbox"/>
Youth Membership	Under 18 years old	\$15.00	<input type="checkbox"/>
If youth membership (under 18 years old) please state date of birth		/	/

For Constituent Members please state name of persons authorised to vote & sign

Name _____	Signature _____
Name _____	Signature _____

For Affiliate Members please state name of person authorised to vote & sign

Name _____	Signature _____
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For Youth Members please state name of person authorised to sign (must be over 18 years old)

Name _____	Signature _____
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I/We agree to comply with the Rules and Regulations of the Australian Quarter Pony Association.

All parties listed above must sign here

Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

PRIVACY

Members contact details and other personal information will not be published for general viewing or forwarded to third parties without the express written consent of the member.

<i>Office use only</i>	
Membership No _____	Receipt No _____
Amount Received _____	Date Paid _____