



# AUSTRALIAN QUARTER PONY ASSOCIATION

ABN: 99 243 732 466

54 Candlebark Court, Axedale Vic 3551

www.australianquarterponyassociation.com

## MEMBERSHIP APPLICATION

Membership year runs from 1 July to 30 June

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

*Please tick one*

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

### MEMBERSHIP TYPE

<b>Full Membership</b>	One person only	\$40.00	<input type="checkbox"/>
<b>Constituent Membership</b>	Stud/Company/2 or more people	\$80.00	<input type="checkbox"/>
<b>Associate Membership</b>	One person & cannot own ponies	\$20.00	<input type="checkbox"/>
<b>Affiliate Membership</b>	Club or Association	\$40.00	<input type="checkbox"/>
<b>Youth Membership</b>	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Members contact details and other personal information will not be published for general viewing or forwarded to third parties without the express written consent of the member.

*Office use only*

Membership No _____	Receipt No _____
Amount Received _____	Date Paid _____