



AUSTRALIAN QUARTER PONY ASSOCIATION

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

STUD PREFIX APPLICATION

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

Please tick one

Member Name _____

Title

Mr

Mrs

Ms

Miss

Member No _____

Property Name _____

ABN _____

Postal Address _____

Town/Suburb _____

State _____

Post Code _____

Contact/Phone

Home _____

Work _____

Mobile _____

Fax _____

Email _____

PREFIX

1st Preference _____

2nd Preference _____

3rd Preference _____

In the case of the prefix being registered with another Society or Association

Prefix _____

Association _____

BRAND

Description _____

Draw Brand

Signature	Date
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PREFIX

Prefix must be sufficiently unique and not closely resemble any other prefix registered with the Australian Quarter Pony Association. The AQPA may decline to register a prefix that is not sufficiently unique or that otherwise does not meet requirements.

<i>Office use only</i> Prefix/Brand Approved	Receipt No
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