

MEMBERSHIP RENEWAL FORM

Each person required to submit a separate Form

ACT & Southern Highlands Show Horse Association Inc.

Affiliate of "The Show Horse Council of Australasia Inc. ABN: 58 612 709 104

Please post completed application to Mrs Allison Sullings - P.O. Box 2152, Kambah Village A.C.T. 2902

PLEASE PRINT CLEARLY

I, _____ of _____

Ph _____ Mob. _____ Email _____

hereby apply for Membership of the above Association. In the event of my admission as a member of the Association, I acknowledge membership of The Show Horse Council Of Australasia Inc. (S.H.C.) through Affiliation and I agree to be bound by THE RULES, for the time being in force, of both the Association and the Council. I declare, in making this application, that I do not hold membership with another Affiliated Association.

Do you agree to your details being supplied to selected Sponsors YES / NO

Are you under 17 years of age? IF YES Supply Date of Birth _____ NO

If "Yes" one Parent or Guardian of the Applicant must sign below.

(Signature of Applicant) (Date)

(Signature of Parent or Guardian) (Date)

ANNUAL MEMBERSHIP FEE OPTIONS

- | | | |
|---|-------------------------|----------------|
| 1) ACTIVE/RIDING MEMBER | 1/7/08 – 30/6/09 | \$50.00 |
| 2) 2nd or Subsequent Active/Riding Member in the family | “ “ | \$40.00 |
| 3) NON-RIDER/NON-COMPETITOR MEMBER | “ “ | \$20.00 |

Definition: The Non Rider/Non Competitor Membership is for the member who does not ride a horse at any time, either for pleasure, exercise or training & does not compete as a rider or handler of a horse in any Competition or Event.

TAX INVOICE

Membership Option 1) (as above)	\$
Membership Option 2) (as above)	\$
Please supply name of 1 st Active/Riding Member	
Membership Option 3) (as above)	\$ _____
Total Fees	\$ _____