

TRANSFER OF MEMBERSHIP FORM

Date: _____

NAME OF MEMBER -----

ADDRESS: -----

I, being current member of -----

(Affiliated Association)

hereby advise resignation of Membership from the above Association and make Application

to Transfer Membership to: -----

(Affiliated Association)

I agree to abide by the Rules & Regulations, By Laws, Standing Orders & all Rules of

THE SHOW HORSE COUNCIL OF AUSTRALASIA INC.

& the Association for the time being in force. **SIGNED:** -----

Providing no monies are outstanding, the secretary shall within 28 days, sign the Release, delete the members/s name/s from the Association's Roll of Members, send copy of the Form to the Council and the Association to which the Transfer of Membership is requested.

RELEASE SIGNATURE: -----

(Secretary)

Upon receipt of the signed Release the Association shall, at the earliest opportunity, place the request for Transfer before it's Committee who, upon approval, shall advise the Tranferee/s of its decision. Any Transfer shall be noted in the Association's Member Updates. **Transfers will only be available to paid up members wishing to Transfer in that financial year.**

ASSOCIATION: -----

TRANSFER RECORDED: -----

SECRETARYS SIGNATURE: -----