

SHOW HORSE COUNCIL OF AUSTRALASIA INC.



ABN 51 590 953 920

www.showhorsecouncilaust.com.au

UPDATED August 2019

PAYMENT SHEET - Fees valid from 15/12/2018

(To accompany all NSH applications via email or post)

Email: members@shca.org.au

Postal Address: NSH Registrar, PO Box 776, Richmond NSW 2753

Please select from the below options: (all fees are GST inclusive)

- | | |
|---|-------------|
| <input type="checkbox"/> New Registration | \$120 |
| <input type="checkbox"/> Priority Admin Fee (if applicable, see right) | \$50 |
| <input type="checkbox"/> Transfer | \$85 |
| (Transfer applications must be posted to the office) | |
| <input type="checkbox"/> Lease | \$85 |
| <input type="checkbox"/> Late Transfer | \$99 |
| (Applies to transfers received 30 days after sale/purchase date) | |
| <input type="checkbox"/> Name Change of Horse/Pony | \$99 |
| <input type="checkbox"/> Replacement Papers | \$85 |
| <input type="checkbox"/> Correction | \$60 |

A \$50 priority administration fee will apply to **ALL NSH applications** (registrations, transfers, leases, name changes, corrections & replacement papers) lodged within **fourteen (14) days** of the closing date of entries if the transaction is required to enter the event.

All NSH applications must be submitted by current financial members of The Show Horse Council of Australasia Inc. and its affiliates. All membership enquiries need to be directed to the relevant affiliate.

Member's name:

Postal Address:

Mobile: **Email:**

SHCA Affiliate/Club: **Membership #:**

Performance Card required: (please circle) YES / NO

Required for show entries? (please circle) YES / NO **Which show?**.....

PAYMENT DETAILS **Please select one option below:**

| | | | |
|---|---|--|---------------------------------|
| Payable to the Show Horse Council of Australasia Inc. | Direct Deposit <input type="checkbox"/> | Visa/Mastercard <input type="checkbox"/> | Cheque <input type="checkbox"/> |
| DIRECT DEPOSIT: BSB 062 628 Account Number: 0090 5955 | | Reference: Owner and/or Horse Name | |
| CREDIT CARD PAYMENT OPTION (please select) | | Mastercard <input type="checkbox"/> | Visa <input type="checkbox"/> |
| AMOUNT: \$ | | | |
| C/C NUMBER: | | EXPIRY DATE: | CCV: |
| CARDHOLDERS NAME: | | | |
| CARDHOLDERS SIGNATURE: | | | |
| OFFICE USE: | | | |

Date Application Received:

Payment Date & Receipt Number:

Registration Number Issued: