



THE NEW ZEALAND ARAB HORSE BREEDERS' SOCIETY (INC)

NATIONAL SECRETARY: FIONA McLACHLAN • PO BOX 80, CUST 7444 • NEW ZEALAND

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WEBSITE: www.newzealandarabs.com

MEMBERSHIP APPLICATION FORM

TITLE (Mr/Mrs/Ms/Miss):	SURNAME:	FIRST NAME & MIDDLE INITIAL(S):	TEL NO:
POSTAL ADDRESS:		EMAIL:	FAX NO:
			RAPID/FIRE/MAF NO:

MEMBERSHIP FEES (GST Inclusive)			
FULL MEMBERSHIP (Over 18yrs)	JUNIOR FULL MEMBERSHIP (Under 18 yrs)		ASSOCIATE MEMBERSHIP
(Required for breeding & voting rights)	(Breeding but no voting rights)		(Copies of Society Magazine only)
Entrance Fee (one off payment): \$28.75	Entrance Fee (one off payment): \$28.75	No Entrance Fee	\$0.00
Annual Subscription: \$126.50	Annual Subscription: \$126.50	Annual Subscription:	\$51.80
FULL MEMBERSHIP FEE PAYABLE \$155.25	JUNIOR MEMBERSHIP FEE PAYABLE \$155.25	ASSOCIATE MEMBERSHIP FEE PAYABLE	\$51.80

LIST ALL HORSES OWNED BY YOU					
NAME OF HORSE	MARE/STALLION/GELDING	PUREBRED/PARTBRED/ANGLO	STUD BOOK NO & VOL NO	BRAND	LEASED TO (AND DATES)

TICK ONE BOX:

- I hereby apply to be a **FULL** Member of the NZAHBS. I agree to abide by the NZAHBS Rules & Regulations. My cheque in the sum of \$155.25 is enclosed. I am over 18 years of age.
- I hereby apply to be a **JUNIOR** member of the NZAHBS. I agree to abide by the NZAHBS Rules & Regulations. My cheque in the sum of \$155.25 is enclosed. I am under 18 years of age. Signature of Parent/Guardian also required below.
- I hereby apply to be an **ASSOCIATE** Member of the NZAHBS. I agree to abide by the NZAHBS Rules & Regulations. My cheque in the sum of \$51.80 is enclosed.

MEMBERSHIP DECLARATION:

By paying this membership subscription I have given consent in accordance with the NZ Privacy Act 1993 to the collection of the above information by the NZAHBS to retain, use, publish and disclose as necessary for the normal activities of the NZAHBS including: printing my name in a membership list; information regarding my horses which is to be printed in a Society Stud Book, Stud Directory, newsletter etc; details of any horses which I may have bred, owned or sold. I acknowledge the right to access and correct this information. I agree to comply with and be bound by the NZAHBS Rules & Regulations. I declare that the information provided on this application is true and correct.

Signature: Date:

Signature of Parent/Guardian if applicant is Under 18 years of age:

OFFICE USE ONLY:	
Date Received:	Payer:
Receipt Number:	Bank:
Cheque Amount:	Branch:
Cheque Number:	Date Banked: