

To:

THE NEW ZEALAND ARAB HORSE BREEDERS' SOCIETY (INC)

PO Box 80, Cust 7444, North Canterbury
Tel: +64 27 695 9001 • Email: arabnewzealand@xtra.co.nz

2018 ASSOCIATE MEMBERSHIP INVOICE/STATEMENT

Date: 1 January 2018

GST Number: 27-368-530

PLEASE INDICATE ANY CHANGES TO DETAILS BELOW IF LABEL INFORMATION IS INCORRECT:

SURNAME:	TITLE: (Mr/Mrs/Ms/Miss)	FIRST NAME & SECOND INITIAL:
POSTAL ADDRESS & POST CODE:		
STUD NAME: (if applicable)	TELEPHONE NO: MOBILE NO:	
WEBSITE ADDRESS:	EMAIL ADDRESS:	
The Privacy Act 1993 makes it necessary to have your consent and authority prior to any information being given to other persons, or organisations, relating to the following: 1) Printing your name in a Membership List. 2) Information regarding your horses which is to be printed in a Society Stud Book, Newsletter etc. 3) Details of any horses which you may have bred, owned or sold. Declaration: I hereby renew my 2017 Associate Membership of The New Zealand Arab Horse Breeders' Society Inc. I agree to abide by the NZAHBS Rules & Regulations and give my authority to the NZAHBS to publish names and information necessary for the normal activities of the NZAHBS including inclusion in a Membership List.		
Signature: _____ Date: ____/____/2018		

2018 ASSOCIATE MEMBERSHIP FEE	TOTAL DUE NOW (INCLUDING GST)	\$51.80
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<input type="checkbox"/> Direct Credit: NZAHBS, Westpac, Manurewa Branch, Account No: 03 0355 0332418 00	<table border="1"><thead><tr><th colspan="2">OFFICE USE ONLY:</th></tr></thead><tbody><tr><td>Date Received:</td><td>Cheque Number:</td></tr><tr><td>Receipt Number:</td><td>Payer:</td></tr><tr><td>Payment Amount:</td><td>Bank:</td></tr><tr><td>Date Processed:</td><td>Branch:</td></tr></tbody></table>	OFFICE USE ONLY:		Date Received:	Cheque Number:	Receipt Number:	Payer:	Payment Amount:	Bank:	Date Processed:	Branch:
OFFICE USE ONLY:											
Date Received:		Cheque Number:									
Receipt Number:		Payer:									
Payment Amount:		Bank:									
Date Processed:		Branch:									
<input type="checkbox"/> Cheque: Payable to: NZ Arab Horse Breeders' Society Inc											
<input type="checkbox"/> Credit Card: Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Bankcard <input type="checkbox"/>											
Card No: _____/_____/_____/_____											
Name on Card: _____											
Expiry: ____/____											
Signature: _____											