



THE NEW ZEALAND ARABIAN HORSE SOCIETY (INC)

PO BOX 80, CUST 7444, NORTH CANTERBURY • NEW ZEALAND

PHONE: 64 27 695 9001 • EMAIL: arabnewzealand@xtra.co.nz

WEBSITE: www.newzealandarabs.com

MEMBERSHIP APPLICATION FORM

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

MEMBERSHIP FEES (GST Inclusive)			
FULL MEMBERSHIP (Over 18 years)	JUNIOR FULL MEMBERSHIP (Under 18 years)	ASSOCIATE MEMBERSHIP	
(Required for Purebred breeding & voting rights)	(Required for Purebred breeding – no voting rights)	(Required to Register Derivative – no voting rights)	
Entrance Fee (one off payment): \$23.00	Entrance Fee (one off payment): \$23.00	No Entrance Fee	\$0.00
Annual Subscription: \$126.50	Annual Subscription: \$126.50	Annual Subscription:	\$51.80
FULL MEMBERSHIP FEE PAYABLE \$149.50	JUNIOR MEMBERSHIP FEE PAYABLE \$149.50	ASSOCIATE MEMBERSHIP FEE PAYABLE	\$51.80

LIST ALL NZAHS REGISTERED HORSES OWNED OR LEASED BY YOU			
NAME OF HORSE	MARE/STALLION/GELDING	PUREBRED/PARTBRED/ANGLO	STUD BOOK NO & VOL NO

TICK ONE BOX:

- I hereby apply to be a **FULL** Member of the NZAHS and agree to abide by the NZAHS Rules & Regulations and have submitted payment of \$149.50 is enclosed. I am over 18 years of age.
- I hereby apply to be a **JUNIOR** member of the NZAHS and agree to abide by the NZAHS Rules & Regulations and have submitted payment of \$149.50 My Parent/Guardian has signed below.
- I hereby apply to be an **ASSOCIATE** Member of the NZAHS. I agree to abide by the NZAHS Rules & Regulations and have submitted payment of \$51.80.

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 NZAHS to retain, use, publish and disclose as necessary for the normal activities of the NZAHS 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 NZAHS Rules & Regulations and the NZAHS Social Media Policy. I declare that the information provided on this application is true and correct.

Signature: _____ (plus Signature of Parent/Guardian if applicant is Under 18 years of age) **Date:** ___ / ___ / ____

COMPLETED MEMBERSHIP APPLICATION & PAYMENT TO BE FORWARDED TO THE NZAHS OFFICE FOR APPROVAL BY THE NZAHS COUNCIL			
<input type="checkbox"/> Cheque made out to: New Zealand Arabian Horse Society Inc			Date Received:
<input type="checkbox"/> Bank Deposit to: 030355 0332418 00 (NZAHS, Westpac, Manurewa, Auckland)			Payment Received:
<input type="checkbox"/> Credit Card: Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Bankcard <input type="checkbox"/>	Card No: _____ / _____ / _____ / _____	Card Expiry: ___ / ___	Date Processed/Receipt No:
Name on Card: _____	Signature: _____		