ABN 22 921 298 546 ARBN 096 500 346

Miniature Horse Association Of Australia Inc

Registration, Upgrade, Transfer Form

Email to: karen@lbcentre.com.au

Post to: MHAA®, P. O. Box 431, Shellharbour City, NSW, 2529

PLEASE PRINT CLEARLY: **REQUESTING MEMBER DETAILS:**

Prefix:_____

Name:_____ **Member #** _____

Address:_____

State ____ **Post Code**_____ **Phone No** _____**Email** _____

**** PRINT HORSE NAME VERY CLEARLY AS ONCE NAME IS RECORDED IT CANNOT BE CHANGED ****

NAME OF HORSE: _____ **(not to exceed 35 characters)**

MALE ☐ **FEMALE** ☐ **GELDING** ☐ **REG No** _____

MINIATURE ☐ **TEMP FOAL** ☐ **TEMP ADULT** ☐ **PERM ADULT** ☐

SMALL HORSE ☐ **TEMP FOAL** ☐ **TEMP ADULT** ☐ **PERM ADULT** ☐

DATE FOALED _____/_____/_____ **BIRTH HEIGHT**_____ **MICROCHIP No** _____

BRAND: LEFT ☐ **RIGHT** ☐ **COLOUR** _____

HEIGHT _____

SIRE: _____**REG No:**_____ **HEIGHT:**_____

DAM: _____**REG No:**_____ **HEIGHT:**_____

Colour of Dam: _____ **Colour of Sire:**_____

OWNER OF DAM: at time of Foaling: _____ **Member #** _____

OWNER OF SIRE: at time of Serving: _____ **Member #** _____

TRANSFER DECLARATION: (if sold to non Member and Transfer Form & Registration Certificate sent to Office, the Registration Certificate will be held in the Office until new owner joins & *REQUESTS* the Registration Certificate)

Transfer To Name:_____ **Member #** _____ **Date** _____/_____/_____

If Horse is being Transferred to new owner & buyer & seller agree on measurement, Horse does NOT have to be measured.

OFFICIAL MEASUREMENT DECLARATION: I, _____ **(print name in full)**

Member # _____**have today measured the above named Horse, at last hair base of mane & certify that it Measured:**_____**inches.**

Signed: Measurer :_____ **Date** _____/_____/_____

I/We agree that if this application is accepted and approved, I/we will abide by all the terms and regulations set fourth in the Articles of Incorporation and the by-laws of the Miniature Horse Association of Australia Inc. and any amendments made thereto, I/We further agree to abide by the code of ethics, decisions, actions and amendments, thereto of the Miniature Horse Association of Australia Inc. In signing this application, I/We understand that I/We am/Are personally responsible for the information submitted, and also understand that in the event ,said information is determined to be inaccurate or fraudulent, I/We /are subject to penalty and/or loss of Membership and all fees submitted. Further I/We acknowledge that the Miniature Horse Association of Australia Inc reserves the right and hereby consent to the re-distribution of all or part of the above information by the Association to any entity/entities or person (s) in order to achieve its objectives as defined in the Miniature Horse Association of Australia Inc Constitution. & General Rules & Regulations.

Signed by Requesting Member: _____ **Date:** _____/ _____ / _____

BV March24