



ABN 22 921 298 546 ARBN 096 500 346

Miniature Horse Association Of Australia Inc

Registration, Upgrade, Transfer Form
Mail 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: ____/____/____