A.	MINIATURE HORSE ASSOCIATION OF AUSTRALIA INC			<u>STRALIA INC</u>	ALL.
ANUTOR HASTS ASSOCIATION OF ASSTELLA MC.	MEMBERSHIP APPLICATION & MEMBERSHIP RENEWAL FO			ENEWAL FOR	RM Силинания изочного с честания на
ABN 22 921 298 546 ARBN 096 500 346		Page 1 o	of 2		ABN 22 921 298 546 ARBN 096 500 346
All Applications ar	e subject to approv	al by the National Committ	ee of Manageme	nt of MHAA	
Complete Pages 1 &	2 and email to <u>admin</u>	@mhaa.com.au or post with	correct fees, to PC	) Box 431,Shellharl	oour City,NSW 2529
PLEASE PRINT CLE	ARLY IN BLOCK LET	TERS – IT IS RECOMMENDED	THAT YOU KEEP	А СОРҮ	
I/We Full name of applicants					
Nominee for Member	ship			(Required for Family	y, Joint & School Membership)
Names included in Fa	amily Membership (No	ote DOB if Junior or Youth			
Address					_ Post Code
Postal Address (if diff	erent from above)				Post Code
Phone		_ Mobile		Fax	
Email					
Website					
Tick if you do I	NOT wish to receive a c	copy of our Email Newsletter "E	-News"		
Please tick category	of Membership applyi	ng for: Tick if Renewin	a Membership	Number if renewin	a
$\square$			<b>,</b>		
	L MEMBERSHIP (One Vote)	JOINT MEMBERSH (Two People any age – O		HANDLER MEME (Non-Horse Own	
		(Two People any age - O	ne vole Only)	(No Voting Privile	
	EMBERSHIP	YOUTH MEMBERSHIP D.C Youth up to & including 17 year			VERSEAS MEMBERSHIP (Horse Owner – One Vote)
their children, aged 17 years of age, as a Grandchildren not ir	up to & including at 31 July.	(No Voting Privileges		(Non H *** KINDLY NO	Horse Owner – No Voting privileges) TE: OVERSEAS FEE SHOULD BE RELEVENT MEMBERSHIP TYPE
(One Vote Only- nomi		Г			
	ES / PARTNERSHIP	<u>es</u> (			wner - One Vote – if over 18 years)
Please nominate whe KINDLY NOTE: I		a Derived Membership / Partnerships under a Derived M IP APPLICATON FORM MUST		individual Members	
STUD PREFIX (if app					
	,				
REGISTERED BRAN	<b>ID</b> (if applicable) Worde	ed Description			
NOTE: Prefix and F	Registered Brand MU	ST be registered with The M	iniature Horse As	sociation of	
	•	an be eligible for registration.			
Please continue to	o Page 2 of the Mem	bership Application & Mer	nbership Renewa		Show diagram of intended brand Please draw in DARK BLACK PEN
MHAA®MembershipApplica	tionFormAllPayments				23 June 23 bv



MINIATURE HORSE ASSOCIATION OF AUSTRALIA INC

## MEMBERSHIP APPLICATION & MEMBERSHIP RENEWAL FORM



## Page 2 of 2

THIS MEMBERSHIP APPLICATION AND MEM	IBERSHIP RENEWAL FORM PA	GE 2, PAYMENT SECTION, MUST ACCOMPANY PAGE
AND BE EMAILED TO admin@mhaa.com.au	OR POSTED TO THE OFFICE,	PO BOX 431 SHELLHARBOUR CITY, NSW 2529

If you have a	any queries with regards this form and/or fees payable, please email <u>admin@mnaa.com.au</u>	QTY		т
	FEES PAYABLE (Please complete)		Price	Total
(0000)	JOINING FEE is a one time fee, payable by ALL NEW MEMBERS (except youth)		\$33-00	
(0000A)	REJOINING FEE Members not renewing their membership by Oct 31st each year		\$33-00	
(0002)	FULL MEMBERSHIP		\$100-00	
(0003)	FAMILY MEMBERSHIP See Page 1 for Membership category details		\$150-00	
(0003J)	JOINT MEMBERSHIP See Page 1 for Membership category details		\$130-00	
(0003B)	DERIVED MEMBERSHIP Add to full Membership: Initial set up fee per Member		\$22-00	
(0003C)	DERIVED MEMBERSHIP Annual Fee for derived membership (Not per Member)		\$22-00	
(0005)	YOUTH MEMBERSHIP		\$33-00	
(0006)	HANDLER MEMBERSHIP Add Joining fee if this is a new application		\$55-00	
(0007A)	OVERSEAS MEMBERSHIP Add overseas fee to relevant Membership type. AUS \$		\$35-00	
(0014)	SCHOOL MEMBERSHIP		\$100-00	
(0008)	STUD PREFIX REGISTRATION FEE (Payment on application)		\$27-50	
(0009)	BRAND REGISTRATION FEE (Payment on application)		\$16-50	
	NEW MEMBERS: If joining on or after 1 February pay half relevant Membership Fee If joining on or after 1 June, current to 31 July in following year		TOTAL	
	BOTH PAY FULL JOINING FEE		FEES	
Payment Meth	od:	J		
Cheque	Money Order Credit Card EFT $\left(\begin{array}{c} \underline{\text{TOTAL}}\\ \underline{\text{AMOUNT PAYAR}}\end{array}\right)$	<u>BLE</u> : \$_		)
<u>"I authorize th</u>	e above amount and/or any handling fees incurred to be charged to my Credit Card	d":		
Credit Card Ty	/pe: <u>Name on Card</u> : Expir	y Date:	1	
Credit Card N	umber://////			
Signed:	Date:	1	1	

IF PAYING BY EFT:

Bank details: NAB: BSB 082-356 Account: 80-689-4437

Please put as Reference: Your MHAA® Membership Number: if new Membership: put surname & NEW

## Please enter your Bank Receipt Number Before emailing or posting to the office \_

**Declaration:** I/We hereby apply to become a Member/s of the Miniature Horse Association of Australia Inc. I/We agree that if the Application is accepted and approved I/we will abide by all the Articles, Rules & Regulations, as set down in the Constitution, General Rules & Regulations, Including Appendix 1, Appendix 2 and the Show Rules of the Miniature Horse Association of Australia Inc, including any amendments made thereto. In signing the 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 fraudulent, I/we am/are subject to penalty and/or loss of Membership and all fees submitted. 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 or any other entity/entities or person/s in order to achieve its objections as defined in the Constitution. Further, when attending any event, I/We acknowledge that I/we are responsible for any non Member accompanying me/us and are also aware and have made those accompanying me/us aware that equine sports have the potential to be dangerous and accept that while every effort will be made with regard to safety, I/we and those persons accompanying me/us, will not hold the Miniature Horse Association of Australia Inc responsible for any damage, loss or injury incurred.

Signed:

Signed: Da	ate/	/
(if applicant is 17 years of age or under, signature of Parent or Guardian required. School Membership nominee to sign (if 18). Full,	Associate,	Family, Joint, ALL sign.
MHAA®MembershipApplicationFormAllPayments		23 June 23 bv