



# Miniature Horse Association Of Australia Inc.

Registration, Upgrade and Transfer  
MHAA Inc. Registry  
MAIL TO :- MHAA Registry P.O. Box454, DROUIN, VIC. 3818

REQUESTING MEMBER Prefix: \_\_\_\_\_  
Members Name: \_\_\_\_\_ member No \_\_\_\_\_  
Address \_\_\_\_\_ Phone No \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_

NAME: (not to exceed 35 characters) \_\_\_\_\_ REG No \_\_\_\_\_  
MALE  FEMALE  GELDING  (TICK APPROPRIATE BOXES)  
MINIATURE  TEMP FOAL  TEMP ADULT  PERM ADULT   
SMALLHORSE  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 No \_\_\_\_\_  
OWNER OF SIRE (at time of serving) \_\_\_\_\_ MEMBER No \_\_\_\_\_

## TRANSFER / SALE

TRANSFER TO NAME: \_\_\_\_\_ MEMBER No \_\_\_\_\_  
DATE OF TRANSACTION: \_\_\_\_\_

**MEASURER SECTION MEASURER MUST BE FINANCIAL AS PER RULE (9) AND (10) I/We agree to the measurement as indicated below**

MEASURED BY (Print Name) \_\_\_\_\_ Measurers Signature \_\_\_\_\_  
MEMBER (Print Name) \_\_\_\_\_ Members Signature \_\_\_\_\_  
DATE: \_\_\_\_\_ Member No \_\_\_\_\_ Measurer memb No \_\_\_\_\_ HEIGHT \_\_\_\_\_

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 bye-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 am/are subject to penalty and/or loss of membership and all fees submitted .I/We consent to the re-distribution of all or part of the information by the association to any other entity or person(s) in order to achieve its objectives as defined in the MHAA constitution. I/We acknowledge that the association reserves the right to re-distribute all or part of the information to any entity or person(s) in order to achieve its objectives as defined in the MHAA . constitution .

Signed by requesting member \_\_\_\_\_ Date \_\_\_\_\_