



ABN 22 921 298 546 ARBN 096 500 346

Miniature Horse Association Of Australia Inc

LEASE FORM USE FOR COMMENCEMENT OR CANCELLATION OF LEASE

**Mail completed form, together with Work Order and appropriate fees to:-
Miniature Horse Association of Australia Inc, P.O. Box 454, Drouin, Victoria 3818**

This Lease Application and Cancellation Form MUST be signed by both the lessee and the lessor before the Miniature Horse Association of Australia Inc will effect this transaction. Until this document is signed by both parties and the original Certificate is returned no change to the Registration will take place. The Miniature Horse Association of Australia Inc takes no responsibility in the arrangement made between both parties with regard to the lease.

REQUESTING MEMBER DETAILS: Prefix: _____

Members Name: _____ Member No _____

Address _____ aaaaaaaaaaaaaUcvg _____ a

Post Code _____ Phone No _____ Email _____

REGISTERED NAME OF HORSE: _____

REGISTRATION NUMBER: _____ **DATE OF BIRTH:** _____

LEASE TO NAME: _____ **MEMBER No** _____

Address _____ Ucvg _____

Post Code _____ Phone No _____ Email _____

I hereby AUTHORIZE THE LEASE of the above named horse: Date of commencement of Lease: _____

Print Name: _____ **Signed:** _____ **Member No** _____

I hereby ACCEPT THE LEASE of the above named horse:

Print Name: _____ **Signed:** _____ **Member No** _____

CANCELLATION OF LEASE: I hereby authorize the cancellation of the lease of the above named horse:

Print Name: _____ **Signed:** _____ **Member No** _____

Print Name: _____ **Signed:** _____ **Member No** _____

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 am/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.

Signed by Both Parties: Signed: _____ **Member No** _____ **Signed:** _____ **Member No** _____

Date: _____ **Date:** _____ bn/bv 11/08