



ABN 22 921 298 546
ARBN 096 500 346

MINIATURE HORSE ASSOCIATION OF AUSTRALIA INC

MEMBERSHIP RENEWAL FORM FOR ON LINE BANKING

Page 1 of 2



ABN 22 921 298 546
ARBN 096 500 346

All Applications are subject to approval by the National Committee of Management of MHA

Complete Pages 1 and 2 and Email to the Office, accounts@mhaa.com.au

When transferring your fees put your MHA[®] Membership Number as the reference, & enter the bank receipt number
In the box at the bottom of Page 2. MHA[®] Bank Details are on page 2.

**NOTE: IF THE BANK RECEIPT NUMBER & YOUR MEMBERSHIP NUMBER IS NOT ON THE FORM,
THE MEMBERSHIP/S WILL NOT BE PROCESSED.**

PLEASE PRINT CLEARLY IN BLOCK LETTERS

I/We _____

Full name of applicants

Nominee for Membership _____ (Required for Family, Joint & School Membership)

Names included in Family Membership (Note DOB if Junior or Youth _____)

Address _____ Post Code _____

Postal Address (if different from above) _____ Post Code _____

Phone _____ Mobile _____ Email _____

Please tick category of Membership applying for

Membership Number

- FULL MEMBERSHIP**
(One Vote)
- JOINT MEMBERSHIP**
(Two Adults – One Vote Only)
- HANDLER MEMBERSHIP**
(Non-Horse Owner)
(No Voting Privileges)

- FAMILY MEMBERSHIP**
Nominated Member, his/her life Partner,
their children, aged up to & including
17 years of age, as at 31 July.
Grandchildren not included.
(One Vote Only- nominated Member)
- YOUTH MEMBERSHIP** D.O.B. ____ / ____ / ____
Youth up to & including 17 years of age, as at 31 July
(No Voting Privileges)

- OVERSEAS MEMBERSHIP**
(Horse Owner – One Vote)
(Non Horse Owner – No Voting privileges)
*** KINDLY NOTE: OVERSEAS FEE SHOULD BE
ADDED TO RELEVANT MEMBERSHIP TYPE

- Derived Membership Renewal No**
(No Voting privileges)
- SCHOOL MEMBERSHIP** D.O.B.(if Youth) ____ / ____ / ____
(School Nominated Representative: Horse Owner - One Vote – if over 18 years)
(Non-Horse Owner – No Voting privileges)

KINDLY NOTE: Members of Syndicates / Partnerships under a Derived Membership **MUST** be individual Members.

STUD PREFIX (if applicable) _____

REGISTERED BRAND (if applicable) Worded Description _____

NOTE: Prefix and Registered Brand **MUST** be registered with The Miniature Horse Association of Australia Inc, before any foals can be eligible for registration.

Show diagram of intended brand
Please draw in DARK BLACK PEN

Please continue to Page 2 of the Membership Application & Membership Renewal Form



ABN 22 921 298 546
ARBN 096 500 346

MINIATURE HORSE ASSOCIATION OF AUSTRALIA INC

MEMBERSHIP RENEWAL FORM FOR ONLINE BANKING



ABN 22 921 298 546
ARBN 096 500 346

THIS MEMBERSHIP RENEWAL FORM PAGE 2, PAYMENT SECTION, MUST ACCOMPANY PAGE 1 AND BE EMAILED WITH YOUR PAYMENT DETAILS (membership No and on line receipt No TO THE OFFICE, accounts@mhaa.com.au)

If you have any queries with regards this form and/or fees payable, please email admin@mhaa.com.au

	FEES PAYABLE (Please complete)	QTY	Price	Total
(0000A)	REJOINING FEE <i>members not renewing their membership by Oct 31st each year</i>			
(0002)	FULL MEMBERSHIP			
(0003)	FAMILY MEMBERSHIP			
(0003A)	JOINT MEMBERSHIP			
(0003C)	DERIVED MEMBERSHIP <i>Annual Fee for derived membership (Not per member)</i>			
(0005)	YOUTH MEMBERSHIP			
(0006)	HANDLER MEMBERSHIP <i>Add Joining fee if this is a new application</i>			
(0007A)	OVERSEAS MEMBERSHIP <i>Add overseas fee to relevant Membership type. AUS \$</i>			
(0014)	SCHOOL MEMBERSHIP			
(0008)	STUD PREFIX REGISTRATION FEE			
(0009)	BRAND REGISTRATION FEE			
	<i>New derived memberships MUST be on the derived form and mailed with signatures</i>			
			TOTAL FEES	

Bank details: CBA: BSB 064 401 Account: 1031 5547 Reference: Your MHA[®] Membership Number

CHECK LIST: TO AVOID A HANDLING OR MORE INFORMATION FEE, PLEASE ENSURE THAT YOU HAVE:

- *** Ticked appropriate boxes
- *** Added D.O.B. where necessary
- *** Completed Fees Payable
- *** Entered Bank Receipt No
- *** Make sure your member number is correct
- ***

APPLICATION FORMS INCORRECTLY COMPLETED, WITH INCORRECT FEES ATTACHED, OR ILEGIBLE, WILL NOT BE PROCESSED

Declaration: I/We hereby apply to renew my/our Membership with the Miniature Horse Association of Australia Inc. I/We agree that if the Renewal 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 submitting this Application/Renewal, 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.

NOTE: THE BANK RECEIPT NUMBER MUST BE INCLUDED BELOW OR THE MEMBERSHIP WILL NOT BE PROCESSED.

Bank receipt Number _____ Memb No _____ Date ____/____/____