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MINIATURE HORSE ASSOCIATION OF AUSTRALIA INC

MEMBERSHIP RENEWAL FORM ** NOTE SPECIAL DISCOUNT **



ABN 22 921 298 546 ARBN 096 500 346

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

Complete Pages 1 & 2 and email to karen@lbcentre.com.au or post with correct fees, to PO Box 431, Shellharbour City, NSW 2529 PLEASE PRINT CLEARLY IN BLOCK LETTERS - WE RECOMMENDED YOU KEEP A COPY -** PLEASE NOTE ANY CHANGES TO YOUR CONTACT DETAILS ** I/We Full name of applicants (Required for Family, Joint & School Membership) Nominee for Membership Names included in Family Membership (Note DOB if Junior or Youth _____ Post Code Address Postal Address (if different from above) Post Code Mobile Fax Phone Email Website Tick if you do **NOT** wish to receive a copy of our Email Newsletter "E-News" Membership Number if renewing Please tick category of Membership applying for: Tick if Renewing JOINT MEMBERSHIP **FULL MEMBERSHIP** HANDLER MEMBERSHIP (Two People any age – One Vote Only) (Non-Horse Owner) (One Vote) (No Voting Privileges) YOUTH MEMBERSHIP D.O.B. / **FAMILY MEMBERSHIP OVERSEAS MEMBERSHIP** Youth up to & including 17 years of age, as at 31 July Nominated Member, his/her life Partner, (Horse Owner – One Vote) their children, aged up to & including (No Voting Privileges) (Non Horse Owner - No Voting privileges) *** KINDLY NOTE: OVERSEAS FEE SHOULD BE 17 years of age, as at 31 July. Grandchildren not included. ADDED TO RELEVENT MEMBERSHIP TYPE (One Vote Only- nominated Member) SCHOOL MEMBERSHIP D.O.B.(if Youth) _____ / ___ / ____ / ____ / (School Nominated Representative: Horse Owner - One Vote - if over 18 years) SYNDICATES / PARTNERSHIPS (No Voting privileges) (Non-Horse Owner - No Voting privileges) Please nominate whether your horses are in a Derived Membership KINDLY NOTE: Members of Syndicates / Partnerships under a Derived Membership MUST be individual Members. DERIVED MEMBERSHIP APPLICATON FORM MUST BE COMPLETED & SUBMITTED WITH THIS FORM STUD PREFIX (if applicable) REGISTERED BRAND (if applicable) Worded Description

Show diagram of intended brand Please use BLACK PEN

Please continue to Page 2 of the Membership Renewal Form

Australia Inc, **before** any foals can be eligible for registration.

NOTE: Prefix and Registered Brand MUST be registered with The Miniature Horse Association of



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THIS MEMBERSHIP RENEWAL FORM PAGE 2, PAYMENT SECTION, MUST ACCOMPANY PAGE 1
AND BE EMAILED TO karen@lbcentre.com.au OR POSTED TO THE OFFICE, PO BOX 431 SHELLHARBOUR CITY, NSW 2529

If you have any queries with regards this form and/or fees payable, please email admin@mhaa.com.au Price FEES PAYABLE (Please complete) Pav bv 1/8/24 (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 FULL MEMBERSHIP \$100.00 (0002)\$85-00 FAMILY MEMBERSHIP See Page 1 for Membership category details (0003)\$150-00 \$127-00 \$110-00 JOINT MEMBERSHIP See Page 1 for Membership category details \$130-00 (0003J)(0003B)DERIVED MEMBERSHIP Add to full Membership: Initial set up fee per Member \$22-00 DERIVED MEMBERSHIP Annual Fee for derived membership (Not per Member) \$22-00 (0003C)(0005)YOUTH MEMBERSHIP \$33-00 \$28-00 HANDLER MEMBERSHIP Add Joining fee if this is a new application (0006)\$55-00 \$46-00 OVERSEAS MEMBERSHIP Add overseas fee to relevant Membership type. AUS \$ (0007A)\$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 PLEASE NOTE SPECIAL DISCOUNTED MEMBERSHIP FEE PRINTED IN RED IF MEMBERSHIP IS PAID ON OR BEFORE 1 AUGUST, 2024. TOTAL IF PAID AFTER 1 AUGUST, 2024 FULL MEMBERSHIP MUST BE PAID. FEES **Payment Method: TOTAL** EFT Credit Card AMOUNT PAYABLE: \$ Cheque Money Order "I authorize the above amount and/or any handling fees incurred to be charged to my Credit Card": Credit Card Type: Name on Card: Expiry Date: / <u>Credit Card Number:</u> _____/ ____/ ____/ _____/ Date: / / Signed: IF PAYING BY EFT: Bank details: NAB: BSB 082-356 Account: 80-689-4437 Please put as Reference: Your MHAA® Membership Number: 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. Date / / Signed: ___ Date ____/ ___/ (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®RenewalForm SPECIAL RENEWAL DISCOUNT 2024 25June24 by