



ABN 22 921 298 546
ARBN 096 500 346

MEMBERSHIP APPLICATION & MEMBERSHIP RENEWAL FORM

Page 1 of 2 New Member – No Join Fee: Renewal – No Rejoin Fee

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ARBN 096 500 346

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 – IT IS RECOMMENDED THAT YOU KEEP A COPY

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 _____ Fax _____

Email _____

Website _____

Tick if you do **NOT** wish to receive a copy of our Email Newsletter "E-News"

Please tick category of Membership applying for: Tick if Renewing Membership Number if renewing

FULL MEMBERSHIP
(One Vote)

JOINT MEMBERSHIP
(Two People any age – 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**

SYNDICATES / PARTNERSHIPS
(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)

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 APPLICATION FORM MUST BE COMPLETED & SUBMITTED WITH THIS FORM

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



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MINIATURE HORSE ASSOCIATION OF AUSTRALIA INC

MEMBERSHIP APPLICATION & MEMBERSHIP RENEWAL FORM

Page 2 of 2 New Member – No Join Fee: Renewal – No Rejoin Fee



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THIS MEMBERSHIP APPLICATION AND 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

	FEES PAYABLE (Please complete)	QTY	Price	Total
(0000)	JOINING FEE <i>is a one time fee, payable by ALL NEW MEMBERS (except youth)</i>		-\$33-00	N / A
(0000A)	REJOINING FEE <i>Members not renewing their membership by Oct 31st each year</i>		-\$33-00	N / A
(0002)	FULL MEMBERSHIP		\$100-00	
(0003)	FAMILY MEMBERSHIP <i>See Page 1 for Membership category details</i>		\$150-00	
(0003J)	JOINT MEMBERSHIP <i>See Page 1 for Membership category details</i>		\$130-00	
(0003B)	DERIVED MEMBERSHIP <i>Add to full Membership: Initial set up fee per Member</i>		\$22-00	
(0003C)	DERIVED MEMBERSHIP <i>Annual Fee for derived membership (Not per Member)</i>		\$22-00	
(0005)	YOUTH MEMBERSHIP		\$33-00	
(0006)	HANDLER MEMBERSHIP <i>Add Joining fee if this is a new application</i>		\$55-00	
(0007A)	OVERSEAS MEMBERSHIP <i>Add overseas fee to relevant Membership type. AUS \$</i>		\$35-00	
(0014)	SCHOOL MEMBERSHIP		\$100-00	
(0008)	STUD PREFIX REGISTRATION FEE (Payment on application)		\$25-00	
(0009)	BRAND REGISTRATION FEE (Payment on application)		\$15-00	
	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. BOTH PAY FULL JOINING FEE			TOTAL FEES

Payment Method:

Cheque Money Order Credit Card EFT

TOTAL AMOUNT PAYABLE: \$ _____

"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:** ____ / ____ / ____

Credit Card Number: _____ / _____ / _____ / _____

Signed: _____ **Date:** ____ / ____ / ____

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: _____ Date ____ / ____ / ____

Signed: _____ Date ____ / ____ / ____

(if applicant is 17years of age or under, signature of Parent or Guardian required. School Membership nominee to sign (if 18). Full, Associate, Family, Joint, ALL sign.