



N.S.W. Palomino Society Inc

PO BOX 330 WINDSOR NSW 2756

Membership/Renewal Application

Effective from 1st Julyto 30th June

Name:Mr / Mrs / Miss / Ms

Address:

Email Postcode: Phone:

I/We are also current financial members of the Arabian Horse Society of Australia. Yes OR No (please circle)

Membership applied for:

Junior D.O.B. Single Joint *

Family * Stud * Partnership *

*(Must nominate one person to vote)

Surname: Other Names:

Surname: Other Names:

Surname: Other Names:

- Fee Options
1. Single (1 person max) Renewal \$45.00 (One Vote) OR New member /Membership lapsed \$65.00
 2. Joint/Partnership (2 people max) Renewal \$50.00 (One Vote) OR New member /Membership lapsed \$70.00
 3. Family (3 people max from same family) Renewal \$55.00 (One Vote) OR New member /Membership lapsed \$75.00
 4. Stud (4 people max) Renewal \$60.00 (One Vote) OR New member /Membership lapsed \$80.00
 5. Junior (1 person under 18) Renewal \$30.00 (No Vote) OR New member /Membership lapsed \$50.00

AN EXTRA PERSON CAN BE ADDED TO FAMILY AND STUD MEMBERSHIP ONLY –COST +\$5 PER PERSON

NOTE: Half fees apply for New Members only (see New Member rates) from 1st May in the first year of joining.

(Membership not paid prior to the 31st of August is considered lapsed,)

I/We do hereby and make application to the N.S.W. Palomino Society Inc. for either a new membership or renewal of membership and if so accepted shall abide by the Rules and Regulations, Constitution and Articles of the N.S.W. Palomino Society Inc and will not bring the Society into disrepute. The committee has the right to accept or reject any application without giving reason. All cheques are accepted upon clearance. I/We are aware that to retain showing and breeding rights I/we must remain financial.

SIGNATURE (Principal member -1 vote) Date.....

Please tick the box if you request that any information contained on the Register about the member (other than the member's name) not be available for inspection.

PLEASE TURN OVER AND FILL IN THE AFFILIATE LIABILITY DECLARATION-ONE FORM REQUIRED FOR EACH PERSON LISTED ABOVE. ALL MEMBERS TICK THE FIRST BOX AND SIGN. PHOTOCOPY OF CARD NOT REQUIRED. FORMS WILL BE RETURNED IF NOT CORRECTLY COMPLETED.

PAYMENT- CHEQUE OR MONEY ORDER OR DIRECT DEPOSIT-BSB 06 2589 ACC NO 1028 1428 & NOTE YOUR SURNAME & the word M/SHIP. THIS FORM MUST BE POSTED IN.