



**QUEENSLAND PINTO HORSE
ASSOCIATION INC.**
(EST 1975)



MEMBERSHIP/RENEWAL APPLICATION FORM - 2018/19

I/We

Address

Post Code **Telephone** **Email**

To save costs we are now sending our newsletter by email. Please make sure you have included your email address.

Do hereby make application to join as: (please circle which type of membership listed below)

FAMILY (\$45) **ADULT (\$35)** **JUNIOR (\$25)** **ASSOCIATE (\$25)**
(Persons not owning a pinto)

(Participating Membership is ONLY for handlers/riders that are not members of the association, but will be showing a Pinto on behalf of the member).

PARTICIPATING MEMBERSHIP **(\$25) Unlimited Shows in show year joined**
(\$15) 5 Shows in show year joined

*** * * Family Membership covers Two Adults and all Children under 18 years * * ***

Names and Birth dates if under 18 years:

_____ **DOB** _____
_____ **DOB** _____
_____ **DOB** _____

If Family or Multiple Ownership, please state nominee: _____

If Junior Member, please state guardian: _____

If Participating Membership, please state handlers: _____

you may nominate several handlers

A MAXIMUM OF TWO HORSES CAN BE REGISTERED OR FOAL RECORDED WITH A JUNIOR MEMBERSHIP. JUNIOR MEMBERS CANNOT REGISTER A STALLION/COLT.

Membership subscription is from the 1st August to the 31st July the following year.

All transactions are suspended if a member is un-financial, and any horses are NOT to be shown.

I/We enclose cheque/Money order (please do not send cash through the mail) for the sum of \$ _____ or I/We have direct deposited the sum of \$ _____ into Suncorp Bank - Qld Pinto Horse Association Inc. BSB: 484-799 Acc No: 506035108

(ENSURE YOU INCLUDE YOUR NAME AS REFERENCE) to cover membership and if accepted, I/We agree to abide by the rules and regulations of the Queensland Pinto Horse Association Inc.

SIGNED _____ **DATE** _____

Please return this form and membership fee to:

The Secretary, Q.P.H.A. Inc., P.O. Box 281, Burpengary, Qld, 4505.

Email: qldpintos@gmail.com

All payments payable to the Q.P.H.A. Inc.

OFFICE USE ONLY

MEMBERSHIP NUMBER: _____ **RECEIPT NUMBER** _____