



QUEENSLAND PINTO HORSE  
ASSOCIATION INC.  
(EST 1975)



MEMBERSHIP RENEWAL APPLICATION FORM - 2023/24

QPHA Inc Membership Number:.....

I/We .....

Address .....

Post Code ..... Telephone ..... Email .....

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

**FAMILY (\$65)**

**ADULT (\$35)**

**JUNIOR (\$25)**

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

*# Participating Membership is ONLY for handlers/riders that are not members of the association, but will be showing a Pinto on behalf of a member, they don't own a Pinto themselves).*

**\* \* \* 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:**

**Email: [gldpintos@gmail.com](mailto:gldpintos@gmail.com)**

**OR POST MAIL: The Secretary, Q.P.H.A. Inc., 84 Bassett Rd, Burpengary, Qld, 4505.**

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

**OFFICE USE ONLY**

**MEMBERSHIP NUMBER: \_\_\_\_\_ RECEIPT NUMBER \_\_\_\_\_**