



OFFICE USE ONLY
MEMBERSHIP NO.
RECEIPT NO.

APPLICATION FOR MEMBERSHIP

Fill in either 1 or 2 (Whichever applies to you) Date...../...../.....

1. ORDINARY OR JUNIOR MEMBER

I, Mr/Mrs/Miss..... /
 (Surname) (Other names)

Of (address)
Post Code
 Phone Number(s) B/H.....A/H.....
 If Junior Member (under 18yrs) Birth date required

OR

2. CONSTITUENT MEMBER (Partnership of two or more persons)

NOTE: ALL REGISTRATION CERTIFICATES ETC, WILL BE IN THIS NAME

I, Mr/Mrs/Miss..... /
 (Surname) (Other names)

Name of Partnership, Family Members, Company etc.....
 Of (address)
Post Code
 Phone Number(s) B/H.....A/H.....

ELECTED VOTING PERSON FOR MEMBERSHIP IS

PREFERRED DISCIPLINE(S) (tick one or more boxes)

- | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Hacking | Dressage | Showjumping | Pony Club | Western | Campdrafting | Polocrosse |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I DO HEREBY MAKE APPLICATION to be enrolled as a member of the Association. I/We are enclosing payment of \$.....(please refer to Fees) to cover entrance and Annual Membership Fees and if elected, agree to abide by the Constitution and Regulations of the Australian National Saddlehorse Association as currently existing or as amended constitutionally.

Signed

**Make cheque payable to ANSA Inc and forward to
 The Secretary, ANSA Inc - PO Box 127, Sherwood, QLD, 4075
 For further information, contact the Secretary on Ph/Fax (07) 3715 6855**