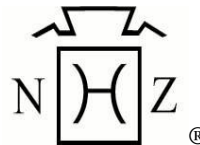




Holsteiner Horse Association of Australia and New Zealand Ltd.



APPLICATION FOR MEMBERSHIP 2007

(Please Tick) New Membership Renewal of Membership

SURNAME _____ PHONE _____

GIVEN NAMES _____ MOBILE _____

POSTAL ADDRESS (Road/Street) _____ FAX _____

_____ EMAIL _____

(Town) _____

(Region/State) _____ (Post Code) _____

(Country) _____

STUD PREFIX As part of being a member you must have a stud prefix. **My Stud Prefix is** _____
(This must not exceed 16 characters)

STUD BRAND – When registering and classifying your holsteiner foal/s you must have your foal/s either be

- Stud branded on the near side shoulder with numerical brands on the off side shoulder, or
- Stud branded on the near side shoulder and microchipped, or
- Microchipped only

If you intend using a stud brand for your foals please indicate what your brand will be or attach a drawing on paper.

My Stud Brand is _____

I wish to apply for the membership of

<input type="checkbox"/>	SINGLE	\$75.00
<input type="checkbox"/>	FAMILY	\$105.00
<input type="checkbox"/>	JUNIOR	\$40.00

I/we hereby apply for the Annual membership from January 2007 to January 2008 of the Holsteiner Horse Association of Australia and New Zealand Ltd. I/We agree to abide by the articles of the Association and the By-Laws as determined from time to time, and agree to have my/our name put on the Stallion Return Sheet by the Stallion owner as proof of breeding for any semen purchased along with my/our membership number on the service certificate. This consent is given in accordance with the Privacy Act 1993 N.Z.

Signature _____

Date ____ / ____ / ____

Please enclose this application form with a **form for fees payable** and the appropriate **fees** then Allow up to 4 weeks for this application to be passed by the Committee and processed.

For Australian Applications

Norman Raphael
P O Box 27
Kyabram
Victoria 3620
Australia
Phone/Fax 3 5853 1207
Email holsteiner@iinet.net.au

For New Zealand Applications

Claire Aldhamland
305 Rattletrack Road
R D 4
Christchurch
New Zealand
Phone 03 329 5119
Email sportswb@xtra.co.nz

Official use

Date passed at Committee meeting ____ / ____ / ____

Proposed by _____

Membership Number _____