

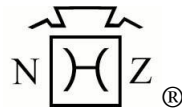


Holsteiner Horse Association of Australia & New Zealand, Ltd

ABN 70 006 364 601

P.O. Box 27 Kyabram Victoria Aust. 3620

305 Rattletrack Rd, RD4 Christchurch, New Zealand



2007 APPLICATION FOR MEMBERSHIP – Australian members only

DATE:	
SURNAME -print in block letters	
GIVEN NAMES	
POSTAL ADDRESS	
STATE	POST CODE
PHONE	
MOBILE	
E-MAIL	
STUD PREFIX	
BRAND	

N.B Even if you are not breeding at this time still select a prefix and brand

I/We hereby apply for membership to the Holsteiner Horse Association of Australia & New Zealand, Ltd. My/our remittance of \$75.00 [single]/\$105.00 [family]/\$40.00[junior] is enclosed.

Please tick appropriate box.

Single membership	\$ 75.00	<input type="checkbox"/>
Family membership	\$105.00	<input type="checkbox"/>
Junior membership	\$ 40.00	<input type="checkbox"/>

I/We agree to abide by the Articles of Association and the By-Laws as determined from time to time, of the Holsteiner Horse Association of Australia & New Zealand, Ltd.

Signed:	Date:
Proposed:	Membership. No

Please allow up to 4 weeks for this application to be passed by the Committee and then processed.

Cheque Money Order Visa Bankcard Mastercard Amex Diners

Note: Credit Card payment is NOT available within New Zealand at this stage.

Credit Card Number

Card Holder's Name:	
Card Expiry Date:	
Signature:	