



Holsteiner Horse Association of Australia & New Zealand, Ltd

ABN 70 006 364 601

P.O. Box 950, Pakenham, Vic 3810

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Website: [www.holsteiner.com.au](http://www.holsteiner.com.au)

## APPLICATION FOR MEMBERSHIP

DATE:	
SURNAME (Please 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 and New Zealand Ltd. My/our remittance of \$75.00 [single]/\$105.00 [family]/\$40.00[junior] is enclosed. <i>Please tick appropriate box.</i>	
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 and 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 <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> Bankcard <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex <input type="checkbox"/> Diners <input type="checkbox"/>
Credit Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CVV/Security Number:
Card Holder's Name:
Card Expiry Date:
Signature: