



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. My/our remittance of \$55.00 [single]/\$105.00 [family]/\$40.00[junior] is enclosed. <i>Please tick appropriate box.</i>	
Single membership	\$55.00
Family membership	\$105.00
Junior membership	\$ 40.00
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 Ltd.	
Signed:	Date:
Proposed:	Membership. No
Please allow up to 4 weeks for this application to be passed by the Committee and then processed.	

Bank details:
Account name: HHAA Ltd
BSB: 633 000
Account No: 147 594 089
<i>Signature:</i>