WEST AUSTRALIAN ARABIAN HORSE ASSOCIATION (INC)

MEMBERSHIP SUBSCRIPTION 2010

NAME: _____
SURNAME: FIRST NAME/S: AHSA MEMBERSHIP No:

For family membership, please list names of ALL persons to be covered. Please state ONE representative for voting rights (ONE vote per membership) and show entries: _____

Please name all family members who may ride, hold or halter show their horses, the date of birth of family juniors & if a different surname, the relationship._____
_____
_____
_____

POSTAL ADDRESS: _____

_____POST CODE: _____

TELEPHONE: _____MOBILE: _____

FAX:_____

EMAIL: _____

☐

Tick above box if you do not wish your telephone number and address to be disclosed to prospective clients.

Preferred method of contact (from WAAHA committee), please circle one: Email Fax

Is this a *new membership* or *renewal of membership*. Please circle one.

Membership Category Circle One

NEW MEMBERSHIP / MEMBERSHIP RENEWAL

GENERAL / FAMILY MEMBERSHIP **$40.00**

Or JUNIOR MEMBERSHIP 17 years and under **$25.00** Date of Birth / / .

Or ASSOCIATE MEMBERSHIP **$15.00** Not eligible for Member rates at shows.

TOTAL DUE $ _____

Please make cheques/money orders payable to:
WEST AUSTRALIAN ARABIAN HORSE ASSOCIATION (INC)

Return payment with membership form to:
994 Campersic Road, BRIGADOON WA 6069 **DO NOT SEND CASH.**

1, _____, agree to abide by the Rules, Regulations and the Constitution of the West Australian Arabian Horse Association (Inc).