



MEMBERSHIP APPLICATION

Membership year is 1st August to 31st July each year, If joining after 1st July membership will be carried over to the next year.

Form with fields: Name, ABN, Previous PHAA Member - YES / NO, Membership No: (if known), Address, P/code, Postal Address, P/code, Phone, Mobile, Email, Facebook Name.

I/We hereby make application for: (please CIRCLE one)

Table with membership options: FULL MEMBERSHIP (\$160), CONSTITUENT MEMBERSHIP (\$185), FAMILY MEMBERSHIP (\$215), ASSOCIATE MEMBER (\$90), INTRODUCTORY MEMBER (\$95), LIFE MEMBERSHIP (\$2500), POINTS BOOKS (\$30).

I agree to abide by the Constitution, Rules and Regulations of the Paint Horse Association of Australia Ltd.

*1: (Name of Adult 1) Signature:

*2: (Name of Adult 2) Signature:

(The above nominees have voting rights) Date:

Youth 1 Name: Age (years):..... D.O.B:...../...../.....

Youth 2 Name: Age (years):..... D.O.B:...../...../.....

Youth 3 Name: Age (years):..... D.O.B:...../...../.....

Table with youth membership options: Senior Youth Membership (\$45), Junior Youth Membership (\$40), Limited Youth Membership (\$25).

I give my permission for myself or my child/ren to be photographed/filmed at PHAA Events, and for the images to be used for PHAA promotion either in print form or online publically.

I/We enclose cheque / money order / credit card details for \$..... for above fees.

I/we have paid \$..... for above fees by direct deposit - Date of deposit __ / __ / ____

REF: (Please use your Membership No or Surname)

BSB: 062 534 A/C No: 1025 3938 A/C Name: Paint Horse Association of Aust.

Credit Card Payments - will attract a 2.00% Merchant fee.

VISA / MASTERCARD (Please Circle) Card No ____ / ____ / ____ / ____

Name on Card Expiry Date __ / __

Signature: Date:.....

By joining the PHAA you agree that we may provide notices, information and documents by electronic communications to you, unless you advise us in writing to the contrary.