PAINT HORSE ASSOCIATION OF AUSTRALIA

Paint Horse Association of Australia Ltd
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Email: office@painthorse.net.au | Web: www.painthorse.com.au
ABN: 43 003 155 691

PHAA MEMBERSHIP RENEWAL 2026 /2027

MEMBERSHIP NO: _____

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

TOWN/STATE/P'CODE: _____

EMAIL: _____ PHONE/MOBILE: _____

All PHAA Memberships are due for Renewal by 1st August 2026. Membership renewals will be received until 31st July 2026, after this date, unpaid memberships will lapse. To renew, please complete and return this form with your payment, you may post or email this form back to the office.

If you are renewing your Amateur Membership at the same time as your membership renewal you are entitled to a discount of $5, bringing the fee back to $45. Please complete and submit an Amateur application form with this renewal.

Full Membership Renewal	☐	$185
Family Membership Renewal	☐	$255
Constituent Membership Renewal	☐	$225
Associate Membership Renewal	☐	$110
3 Year Full Membership	☐	$465
5 Year Full Membership	☐	$750
Senior Youth Membership Renewal *(For Youth 14 to 18 years old as at 1st August 2026)*	☐	$60
Junior Youth Membership Renewal *(For Youth 13 years or younger as at 1st August 2026)*	☐	$50
Limited Youth Membership Renewal *(Walk/Trot and Leadline competitors only. 3 to 6 years old as at 1st August 2026)*	☐	$30

I agree to abide by the Constitution and Rules and Regulations of the Paint Horse Association of Australia Ltd and certify that all information on this form is true and correct.

☐ *I give my permission for myself or my children to be photographed/filmed at PHAA Events, and for the images to be used for PHAA promotion either in print form or online publicly.*

1: _____ Signature: _____

(Name of Nominee 1– Must sign form)

2: _____ Signature: _____

3: _____ Signature: _____

☐ I/we have paid $_____ for above fees by direct deposit – Date of deposit ____ / ____ / _____

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

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

VISA / MASTERCARD (*Please Circle*) Card No__ __ __ __/ __ __ __ __/ __ __ __ __/ __ __ __ __

Name on Card _____ Expiry Date: ____ / ____ CCV: _____

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.