

Victorian Arabian Horse Association Inc. Membership Application 2016



ABN 77 115 844 880
PO Box 408, Wallan, Victoria 3756

Name(s)	
Postal Address	
Phone (H)	
Phone (M)	
Email	
AHSA Membership No. (if applicable)	

Do you wish for the above details to remain confidential? Yes No

New Membership Renewal of Membership (please indicate) for 2016

*Membership without insurance 1/1/16 - 31/12/16 \$45.00 per person/household ()
 Membership with insurance 1/1/16 - 31/12/16 \$75.00 per person/household ()

*Junior Membership without insurance 1/1/16 - 31/12/16 \$30.00 per child ()
 Junior Membership with insurance 1/1/16 - 31/12/16 \$60 per child ()

* Pro-Rata rate from 30/9/16 - Adult \$22.50 Junior \$15.00

If you are a member of the Arabian Horse Society Of Australia (AHSA) you are covered by their liability insurance policy. Please state Member Number Above. If you are not an AHSA member and wish to have insurance cover, please choose Membership with insurance option.

I agree to abide by the rules of The Victorian Arabian Horse Association. I agree that the information I have provided is true and correct.

Signed _____

Date _____

Please find a Cheque/Money Order enclosed for \$

If paying by Direct Deposit please use "membership" and your last name as reference and enclose a printed copy of the transfer.

Commonwealth Bank
 Account name: The Victorian Arabian Horse Association Inc.
 BSB 063 012 Account 1070 7708

Do you have Liability Insurance Yes () No ()

If yes, with whom, AHSA or other, please specify _____

Thank you for your support.