ACT & SOUTHERN NSW QUARTER HORSE ASSOCIATION INC.

P.O. BOX 340 DICKSON ACT 2602
ABN 664 662 765 03
www.actquarterhorseclub.org.au

Please tick

☐ **New Family**	**$45**	☐ **New Adult**	**$35**	☐ **New Youth**	**$15**
☐ **Family Renewal**	**$40**	☐ **Adult Renewal**	**$30**	☐ **Youth Renewal**	**$10**

NAME/S: _____

ADDRESS: _____

_____

TELEPHONE: _____ **Home** _____ **Work** _____ **Mobile**

EMAIL: _____

ARE YOU HAPPY TO RECEIVE YOUR NEWSLETTER BY EMAIL? ☐ **YES** ☐ **NO**

Youth Name _____ **Date of Birth** _____ **AQHA Youth Number** _____

Amateur Name _____ **AQHA M/ship No.** _____ **AQHA A/O Number** _____

Please provide a copy of current Amateur Owner permit with this application

I / We hereby apply for membership / renewal of the ACT & Southern NSW Quarter Horse Association Inc. and agree to abide by the rules and by-laws of the club.

Signatures: _____ _____ _____ **Date:** _____

Note: Parent or Guardian to sign for youth applicant/s

Please list all horses you will be showing this season - All horses nominated are automatically eligible to be included in the Annual High Point Awards

Horse's Name	Breed	Registration number	Age	Sex

DATE RECEIVED: **RECEIPT No.:** **FINANCIAL YEAR ENDING: 2009/2010** **AMOUNT RECEIVED:** **Cash/Cheque**

Family Membership – 2 Adults & 2 Children (under 18 years) **Adult Membership – 1 Adult over 18 years** **Youth Membership – 1 Child under 18 years**