

MEMBERSHIP SUBSCRIPTION - Year: _____

Membership extends from June 1st to May 31st each year. If joining after May 1st membership will be carried over to the next year. (Full Payment)

Name/s: _____

Address: _____

Phone: _____

E-mail: _____

Previous PHANZ Member/s YES NO Previous Membership Number: _____

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

Adult Membership (for one person only) \$65

Family Membership includes newsletter (Two adults & two Children only) \$140

Please ensure the names of all parties to the membership are listed and the name & date of birth for each youth member is advised. Extra child \$20.

Name & DOB: _____ Name & DOB: _____

Life Membership (per person) \$1,000

please also tick if an honorary member or previously paid up as a life member and cross out fee, this is for recording purposes only.

Youth (18 yrs & under) Date of Birth: \$25

Do you currently own and stand a PHANZ registered and classified stallion? YES NO

If do, Would you like to be contacted to have ad put in newsletter and on website? YES NO

I am an Amateur Owner YES NO Amateur No: _____

New members only. Half Year reduced membership applies from 01 February to April 30th each year – Adult \$28.00. Family \$66.00. Youth \$12.00

PHANZ Bank Account: Westpac 03-0474-0456501-00

Please print clearly – In case of family subscription state all names.

I/We agree to abide by the rules of The Paint Horses Association of New Zealand (Inc).

Signed: _____ Date: ____/____/____

Full Name of Parent/Guardian: _____

(If this application is for an for a Youth, it must be signed by the Parent or Guardian of the Youth applying for membership rights)

OFFICE USE ONLY:

DATE RECEIVED: ____/____/____

MEMBERSHIP NUMBER ADVISED: ____/____/____