



# Western Australian Arabian Horse Association (Inc)

## 2012 Membership Application

Please complete & return to: WAAHA Treasurer, 10 Thetis Tce ELLENBROOK WA 6069

NEW MEMBERSHIP  RENEWAL  Please tick appropriate box

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

AHSA Membership #: \_\_\_\_\_ Junior Member DOB: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone (H): \_\_\_\_\_ (M): \_\_\_\_\_ (W): \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_ Voting Member Name: \_\_\_\_\_

Type of Membership	Price	Please tick membership
--------------------	-------	------------------------

<b>Associate Member:</b> (Not eligible for member rates at shows)	<b>\$15.00</b>	<input type="checkbox"/>
--	----------------	--------------------------

<b>Junior Member:</b> (Members must be under 17yrs @ 01/01/2012)	<b>\$25.00</b>	
---	----------------	--

<b>General Member:</b>	<b>\$40.00</b>	
------------------------	----------------	--

<b>Family / Joint Member:</b> (Consist of Adults, and/or their children. Joint membership shall consist of owners of registered horses in joint names. There is one voting member per membership. Please list family members/owner details below)	<b>\$50.00</b>	
--	----------------	--

Name: \_\_\_\_\_ Junior Member DOB: \_\_\_\_\_


**\*\* All person/s listed on this membership form must also completed and return a 2012 AHSA AFFILIATE LIABILITY DECLARATION FORM \*\***

I \_\_\_\_\_, agree to abide by the Rules, Regulations and Constitution of the Western Australian Arabian Horse Association (inc).

Signature (Parent or Guardian if under 18yrs): \_\_\_\_\_

### Method of Payment

**Direct Credit:**

Western Australian Arabian Horse Association Inc
BSB            306 041
Account      4198099

**Cheque/Money Order** (made payable to): Western Australian Arabian Horse Association