



APPLICATION FOR NEW MEMBERSHIP
2017 to 2018 Season

Auckland Miniature Horse Club Inc

Please tick the appropriate membership choice and send with your payment to:

Margaret Miles– The Secretary

**Auckland Miniature Horse Club Inc
22 Merewhira Road, RD3 Albany , AUCKLAND 0793**

JOINING FEE	TBC	
FULL MEMBER – 18 years and over who resides in Region 1 as defined by the NZMHA and owns or leases a horse registered with NZMHA	\$30.00	
FULL FAMILY MEMBERSHIP – Two or less adults and their dependent children residing in Region 1 as defined by NZMHA. Adults to own or lease a horse registered with NZMHA.	\$40.00	
ASSOCIATE MEMBER – Any persons not residing in Region 1 or not owning or leasing a horse registered with NZMHA. NO VOTE	\$30.00	
ASSOCIATE FAMILY MEMBERSHIP – Two or less adults and their dependent children not residing in Region 1 as defined by NZMHA or not owning or leasing a horse registered with NZMHA. NO VOTE	\$40.00	
JUNIOR MEMBER – 17 years and under. NO VOTE	\$10.00	
BREEDERS LISTING – on www.amhc.co.nz	\$10.00	
NEW MEMBERS MAY APPLY TO JOIN AT ANY TIME OF THE SEASON If joining past 1 May then the membership fees for that season are halved	TOTAL	\$

- Paid by Internet Banking (Account number 38 9015 0249117 00, reference your name and membership)
- Cheque attached

I / We Mr / Mrs / Miss / Ms (full names of all members):

Address:

Phone:

Email: (please include as wherever possible information will be sent electronically)

Hereby apply to be member(s) of the Auckland Miniature Horse Club Inc (AMHC)

Names of horse(s) registered with NZMHA:

Registration Number(s):

I / We agree that if this application is accepted and approved I / We will abide by all the terms and regulations set forth in the Articles and Rules of the AMHC, and any amendments made thereto. I acknowledge the information provided to the Auckland Miniature Horse Club Inc on this form may be used for any official publication. I understand that as this Membership Application is being completed prior to the adjoining of the AGM it will not be processed until after the AGM and any difference in fees will be owed by me or refunded if appropriate.

Signed: Date:

SPONSORSHIP (must be signed by a full member of AMHC)

I, (print name) Signature:
being a full member of AMHC recommend this person(s) for membership to AMHC.