



The Australian Saddle Pony Association Ltd
 P.O. Box 150
 PEAK HILL NSW 2869
 ABN: 53 011 577 046

Phone: (02) 6869 1627
 Fax: (02) 6869 1997
 Email: aspa@aapt.net.au
www.australiansaddlepony.com.au

MEMBERSHIP APPLICATION/RENEWAL FORM

TAX INVOICE

Membership: 1 January to 31 December & is due for renewal at 1st January each year

Please print and complete all sections. Your assistance in completing this application fully and clearly greatly speeds up the return of your membership. Please indicate if you have changed your name or address since you last renewed or were a previous member of the Association. You must be a financial member before any transaction will be processed.

I/We _____ hereby make application to be enrolled as a member/s of The Australian Saddle Pony Association Ltd.

Name of Membership _____

Mr Mrs Miss Other

Address _____

Postcode _____ Email Address: _____

Membership No: _____ Telephone No: _____

I/We wish to be considered as a:-

CONSTITUENT MEMBER	<input type="checkbox"/>	\$77.00	FAMILY MEMBER	<input type="checkbox"/>	\$77.00
ADULT MEMBER	<input type="checkbox"/>	\$66.00	JUNIOR MEMBER	<input type="checkbox"/>	\$55.00

CONSTITUENT/FAMILY MEMBERS: Please state names of people covered by your membership and for children, please include date of birth.

1. _____ 2. _____ 3. _____
 4. _____ 5. _____ 6. _____

JUNIOR MEMBER: Please state date of birth: _____ / _____ / _____

I/We agree to abide by the Constitution, Rules and Regulations of the Australian Saddle Pony Association Ltd. Please find enclosed payment of \$_____ to cover membership (amount includes GST).

SIGNATURE: _____ DATE: _____

OFFICE USE:

Computer Card Issued Literature Issued

Rec No: _____ GST: _____