



MEMBERSHIP RENEWAL

MEMBER YEAR: 1st JANUARY to 31st DECEMBER
MEMBERSHIPS MUST BE PAID BY 31ST MARCH EACH YEAR

I HEREBY APPLY TO RENEW MY MEMBERSHIP WITH THE PINTO HORSE SOCIETY WA INC. AND AGREE TO ABIDE AND BE BOUND BY THE CONSTITUTION AND RULES & REGULATIONS FOR THE TIME BEING IN FORCE AND ALL BY-LAWS THERE UNDER.

NAME: _____ **MEM. NO.** _____

POSTAL ADDRESS: _____

P/C: _____ **PHONE:** _____

EMAIL: _____

DATE OF BIRTH: _____ (If under 18yrs of age)

Membership Type

FAMILY / STUD= 2 ADULTS & 2 CHILDREN
ADULT = 1 ADULT 18 YRS & OVER
JUNIOR = 1 JUNIOR 17YRS & UNDER
ASSOCIATE

Fee

\$70.00
\$60.00
\$40.00
\$30.00

TYPE OF MEMBERSHIP: _____ **TOTAL \$** _____

IF JOINING AS A FAMILY/STUD, PLEASE WRITE THEIR NAMES BELOW:

NAME: _____ **D.O.B:** _____

NAME: _____ **D.O.B:** _____

NAME: _____ **D.O.B:** _____

I HAVE READ AND WILL ABIDE BY THE PINTO HORSE SOCIETY WA Inc CONSTITUTION AND RULES AND REGULATIONS.

SIGNATURE: _____ **DATE:** _____
(MUST BE SIGNED BY ADULT 18 YRS & OVER)

OFFICE USE ONLY	REG.	SEC.
SUBSCRIPTION		
MEMBERS CARD		
PAID		
COMPLETED		