

West Gippsland Quarter Horse Association Inc

Send completed membership form

with payment to:

WGQHA PO Box 110

Pakenham

Victoria 3810



MEMBERSHIP RENEWAL AND APPLICATION FORM 2011 / 2012

Name _____

Address _____ State _____ Postcode _____

Phone _____ Fax _____ Mobile _____

Email: _____

> PLEASE WRITE CLEARLY AS APPEARS ON LINE <

AQHA No: _____ NCHA No: _____

I/We hereby apply for membership of the WGQHA Inc and agree to abide by the rules of the Association

Signature _____ Date/...../..... For NEW members application see below

Youth Membership \$30.00 Single Membership \$60.00

Family Membership \$90.00

WGQHA is not GST registered therefore no GST is charged on fees

Youth Members

Name _____ D.O.B _____ AQHA/NCHA# _____

Name _____ D.O.B _____ AQHA/NCHA# _____

Signature of Parent / Guardian _____ Date/...../.....

Horse Nominations:

Horse _____ Breed _____ Reg No: _____ D.O.B. _____

Horse _____ Breed _____ Reg No: _____ D.O.B. _____

Horse _____ Breed _____ Reg No: _____ D.O.B. _____

Horse _____ Breed _____ Reg No: _____ D.O.B. _____

New Membership Application – Please complete this section

I, the above applicant of the above address desire to become a member of the West Gippsland Quarter Horse Association Inc. In the event of my acceptance as a member, I agree to be bound by the rules of this said Association.

Signature of applicant _____ Date/...../.....

I..... being a member of the WGQHA, nominate the above applicant, who is personally known to me, for membership of the Association

Signature of Proposer _____ Date/...../.....

I..... being a member of the WGQHA, nominate the above applicant, who is personally known to me, for membership of the Association

Signature of Seconder _____ Dare/...../.....

Family membership consists of two adults, named or defacto and youth 19 years and under