



MEMBERSHIP RENEWAL AND APPLICATION FORM

West Gippsland Quarter Horse Association Inc
Send completed membership form
with payment to:
WGQHA PO Box 110
Pakenham
Victoria 3810

Name _____			
Address _____		State _____	Postcode _____
Phone _____		Fax _____	
Mobile _____		Email _____	
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	\$50.00
Family Membership	\$60.00		

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: _____
Horse _____	Breed _____	Reg No: _____
Horse _____	Breed _____	Reg No: _____
Horse _____	Breed _____	Reg No: _____

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