



# Application for Membership 2026

I hereby apply for membership with the Independent Pinto Horse Society Inc (IPHS Inc) and agree to abide and be bound by the constitution and all rules & regulations for the time being in force and all by-laws thereafter. I agree to maintain membership for the purpose of exhibiting my registered IPHS stock.

Adult
  Family
  Junior
  Associate

Name: \_\_\_\_\_

Stud Name (if applicable): \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Payments made to IPHS Inc are considered 'pending' until applications have been approved - upon any rejection the Secretary will ensure fees paid by the unsuccessful applicant shall be refunded

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

**Family Membership:** (Being a family consisting of 2 Adults and their children up to and including 17 years of age)

Adult 1: \_\_\_\_\_ Adult 2: \_\_\_\_\_

Child: \_\_\_\_\_ D.O.B: \_\_/\_\_/\_\_\_\_ Junior Card Required

Child: \_\_\_\_\_ D.O.B: \_\_/\_\_/\_\_\_\_ Junior Card Required

Child: \_\_\_\_\_ D.O.B: \_\_/\_\_/\_\_\_\_ Junior Card Required

Please tick box if child/children will be showing as Junior Members as they will be issued their own card

Payments made to IPHS Inc are considered 'pending' until applications have been approved - upon any rejection the Secretary will ensure fees paid by the unsuccessful applicant shall be refunded within 14 days of the meeting.

Signature: \_\_\_\_\_ (Adult 1) Signature: \_\_\_\_\_ (Adult 2) Date: \_\_/\_\_/\_\_\_\_

**Membership Fees**

Adult: \$55.00  
 Family: \$75.00  
 Junior: \$45.00  
 Associate: \$45.00

**Payment Details**

Bank Transfer  
 PayPal  
 Cheque  
 Cash

**Send To**

The Secretary, IPHS Inc  
 PO Box 457  
 Beadesert Q 4285  
 IPHS\_pintos@outlook.com

**OFFICE USE ONLY**

Processed By: \_\_\_\_\_  
 Processed Date: \_\_\_\_\_  
 Receipt #: \_\_\_\_\_  
 Membership #: \_\_\_\_\_

**PLEASE ATTACH WORK ORDER FORM**