



# Application for Membership 2024

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 purposes of exhibiting my registered IPHS stock.

Adult       Family       Junior       Associate

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

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

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

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

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

Please tick if you wish to receive **Newsletters in paper form by post**, ADDITIONAL \$15.00 FEE PER YEAR

Payments made to the 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 consist 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 the 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: **\$45.00**  
Family: **\$60.00**  
Junior: **\$35.00**  
Associate: **\$35.00**

### Payment Details

**Bank Transfer**  
**PayPal**  
**Cheque**  
**Cash**

### Post To

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

### OFFICE USE ONLY

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

**PLEASE ATTACH WORK ORDER FORM**