



Application for Renewal of Membership 2024

I hereby apply for renewal of my/our 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: _____ Membership# _____

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 within 14 days of the meeting.

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

Signature: _____ Signature: _____ Date: __/__/____
 (Adult 1) (Adult 2)

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
 Beaudesert Q 4285
 IPHS_pintos@outlook.com

OFFICE USE ONLY

Processed By: _____
 Processed Date: _____
 Receipt #: _____
 Membership # _____

PLEASE ATTACH WORK ORDER FORM