



MEMBERSHIP SUBSCRIPTION 2020- 2021

Membership extends from June 1st to May 31st each year. If joining after May 1st membership will be carried over to the next year.(Full Payment)

Name/s: _____

Address: _____

Phone: () _____ Fax: () _____

E-mail: _____

Previous PHANZ Member/s YES/NO Previous Membership Number:

I/We hereby make application for (please tick one):

Adult Membership (for one person only) \$55.00

Family Membership includes newsletter (Two adults & two Children only)..... \$115.00

Please ensure the names of all parties to the membership are listed and the name & date of birth for each youth member is advised. Extra child \$20.

Name & DOB: _____ Name & DOB: _____

Life Membership (per person) \$755.00

please also tick if an honorary member or previously paid up as a life member and cross out fee, this is for recording purposes only.

Youth (18 yrs & under) Date of Birth: \$22.00

Do you currently own and stand a PHANZ registered and classified stallion? YES / NO

If do, Would you like to be contacted to have ad put in newsletter and on website?..... YES / NO

I am an Amateur Owner YES/NO Amateur No:

I/We agree that my/our contact details can be made available to other members of the Association YES/NO

(This is often for contact on horses bred or sold by you in the past.)

New members only. Half Year reduced membership applies from 01 February to April 30th each year – Adult \$28.00. Family \$66.00. Youth \$12.00

PHANZ Bank Account: Westpac 03-0474-0456501-00 Internet banking.....YES/NO

Please print clearly – Incase of family subscription state all names.

I/We agree to abide by the rules of The Paint Horses Association of New Zealand (Inc).

Signed: _____ Date: ____/____/____

Full Name of Parent/Guardian: _____

(If this application is for an for a Youth, it must be signed by the Parent or Guardian of the Youth applying for membership rights)

OFFICE USE ONLY:

DATE RECEIVED: ____/____/____

MEMBERSHIP NUMBER ADVISED: ____/____/____