AUSTRALIAN MINIATURE PONY SOCIETY INC

ABN 89 501 336 192



MEMBERSHIP APPLICATION & MEMBERSHIP RENEWAL FORM



Page 1 of 2

All Applications are subject to approval by the National Committee of Management.

Complete Pages 1 and 2 and post with correct fees, to the Registry Office, PO Box 189, Kiama NSW 2533

PLEASE PRINT CLEARLY IN BLOCK LETTERS IT IS RECOMMENDED THAT YOU KEEP A COPY

I / We	lote DOB if Junior)		
Nominee Name for Joint or	Family Membership		
Address			
		State	Post Code
Postal Address(if different from above)		State	Post Code
Phone ()	Mobile	Fax <u>(</u>)
Email			
Website			
Tick if you do NOT	wish your name to be published	Tick if you do NOT wish your name t about ponies for sale or for publicity	
Please tick category of Mer	nbership applying for: Tick if Renewi	ing Membership Number if ren	ewing (
FULL MEMBE (One Vote)	Two people any ag	ge – One Vote) (On	MILY MEMBERSHIP ne or two Adults: their Children years of age & under, but NOT andchildren - One Adult Vote)
	ERSHIP: D.O.B / / / ge & under, as at 31 July	ASSOCIATE MEMBERSHIP HANDLER MEMBERSHIP (No Breeding, No Owner Rights, No	-
Register a Stud Prefix and Br	BREEDERS: If you intend to breed Australiar and (if branding) with the Society. Some State ck with your State Delegate if this is required.	es require you to register your Brand	
PROPOSED STUD PREFIX: Please submit three choice	Maximum 17 Letters: Registered Name: Tota s	al 30 Letters: Prefix Pony's name, inc	cluding spaces & punctuation.
First Choice:			
Second Choice:			
Third Choice:			
REGISTERED BRAND (if a	pplicable) Worded Description		
NOTE: Prefix and Register Ponies can be eligible for r	ered Brand (if branding) MUST be registere registration.	ed with AMPS® before any	

Please continue to Page 2 of the Membership Application & Membership Renewal Form

AUSTRALIAN MINIATURE PONY SOCIETY INC

ABN 89 501 336 192



MEMBERSHIP APPLICATION & MEMBERSHIP RENEWAL FORM Page 2 of 2



This Membership Application and Membership Renewal Form Page 2, payment section, must accompany Page 1 and be sent with your payment to the Registry Office, PO Box 189, Kiama NSW 2533

If you have any queries with regards this form and/or fees payable, please contact your State Delegate or the National Secretary.

	FEES PAYABLE		
	FULL YEAR	PRO-RATA	
	1st June to	(New Members Only)	
	31st July following year	1 Feb to 31 May	
FULL MEMBERSHIP:	\$77.00	\$38.50	\$
JOINT MEMBERSHIP :	\$99.00	\$49.50	\$
FAMILY MEMBERSHIP:	\$144.00	\$72.00	\$
JUNIOR MEMBERSHIP:	\$66.00	\$33.00	\$
ASSOCIATE MEMBERSHIP:	\$66.00	\$33.00	\$
HANDLER MEMBERSHIP:	\$33.00	\$16.50	\$
STUD PREFIX REGISTRATION:	\$22.00	\$22.00	\$
JOINING FEE / LATE FEE:	\$25.00	\$25.00	\$
Is a once off Fee, payable by all new Members, or as		Ψ23.00	Ψ
for those Members not renewing their Membership b			
Not applicable to Junior Membership.	,		
Note: All Fees include GST: once paid this Form constit	utes a Tax Invoice TOTAL FE	ES ENCLOSED	\$
Troto. 7 m 1 000 molado 001. onos para uno 1 0 m 00 molado			T
Payment Method:		F DAYADI F	
Cheque Money Order Credit C	ard EFT AMOUN	<u>ГРАҮАВLЕ</u> : \$	-
AU 01			
All Cheques or Money	Orders made payable: Australian M	iniature Pony Society Inc	
"I authorize the above amoun	t or any handling fees incurred to	he charged to my Credit (Card"·
i ddilloll20 ille dbove dillodil	tor any narranny recommented to	be ondiged to my oreant	Julu .
Cradit Card Tyme: Name as	. Cord.		
Credit Card Type: <u>Name o</u>	<u>1 Card</u> :		
Credit Card Number://	1	Exniry Date:	1
7		_ Expiry Dutc /	
Signad:		Date: /	1
		Date: /	/
IF PAYING BY DIRECT DEPOSIT:	_		
Bank details	s: Westpac: BSB 032 689 Acc	<u>ount: 128288:</u>	
Please put as Reference: Your AMI	S® Membership Number: if n	ew Membership: put su	rname & NEW
-	-		_
YOU MUST ENTER YOUR BANK RECEIPT NUME	BER Before emailing or posting to the	office	
Declaration: I/We hereby apply to become a Men	iber/s of the Australian Miniature Pony S	ociety Inc (hereafter referred	to as AMPS®). I/We
agree that if the Application is accepted and approve	ed, I/We will abide by the Constitution ar	nd Rules & Regulations of AM	PS®, including any
amendments made thereto. By signing the Applica			
also understand that in the event said information is			
fees submitted. I/We acknowledge that AMPS® res			
by the Society or any other entity/entities or person/s			
event, I and those persons accompanying me/us, ag			
Regulations of AMPS®. I/we acknowledge & will m			
and accept that while every effort will be made with			
any damage, loss or injury incurred.		, , , , , , , , , , , , , , , , , , , ,	
		D-C	1 1
Signed:		Date _	
Signed		Data	1 1
Signed:			
(Junior Members, 17 years or under; signate	are of Parent or Guardian is required.	Joint and Family Membersh	nips; ALL to sign.)
	Updated: 28/09/2021 by		