



The Australian Pony Stud Book Society Inc.

ABN: 18 280 213 644
PO Box 267, Glenbrook NSW 2773
Ph: 0413 207 202
e-mail: registrar@apsb.asn.au

NEW MEMBERSHIP APPLICATION

PLEASE PRINT IN BLOCK LETTERS - DO NOT USE CORRECTION FLUID

Each membership is required to have a single nominee. **(Must be 18 years of age or over)**. The nominee is the member who will be the primary contact for the membership and whose signature is to be on every submitted APSB transaction form. For example if a pony is owned by a person under 18 years of age, the membership can be in their name with a Parent/Guardian as the nominee

Nominee's Title: _____ Nominee's First & Last Name: _____

Membership Name (if different to nominee's name) _____

Pic No: _____

Address or PO Box: _____

Town: _____ Postcode: _____

Home Phone: _____ Fax: _____

Work Phone: _____ Mobile: _____

E-mail Address: _____ ABN: _____

Membership Type: Full \$99.00 Newsletter only \$50.00

Junior Membership (refer to Federal Office for eligibility) \$50.00

Please tick required membership type - See over page for Membership Descriptions.

Please note full membership is required if you have purchased a pony and are wishing to transfer into your name

Please tick if you do not wish your contact information to be passed to on to any APSB members / others

I / we agree to comply with the Rules and Regulations of the Australian Pony Stud Book Society Inc.

Signature: _____ Date: _____

This application is to be signed by the person named in the Nominee's Name field at the top of the form.

Once your Membership Application has been approved, you will be sent an APSB Membership Card, Members also receive the APSB Journal, the Society's annual magazine, when it is published.

Please contact the APSB Registrar or your APSB State Branch Secretary if you have any questions about membership of the Society.

FEE PAYMENT DETAILS:

Enclosed is a cheque / money order made payable to APSB for: \$ _____

Or charge my credit card: Mastercard Visa Bankcard

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Expires: _____ / _____ Name on Card: _____

CARD CHECK VALUE
(3 digit no. on back of card)

Signature: _____

Receipt Required

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Online – www.payway.com.au Biller Code 162677, Reference 6 letters of last name

Payway: Receipt Number: _____