



MEMBERSHIP APPLICATION & MEMBERSHIP RENEWAL FORM

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

Complete Pages 1 and 2 and post with correct fees, to our Registry Office, PO Box 431, Shellharbour City, NSW 2529

Or email completed Membership Application / Renewal Form with payment details to: janelle@lbcentre.com.au

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

I / We _____
Full name of applicant/s (Note DOB if Junior)

Nominee Name for Joint or Family Membership _____

Address _____

_____ **State** _____ **Post Code** _____

Postal Address _____ **State** _____ **Post Code** _____
 (if different from above)

Phone () _____ **Mobile** _____ **Fax()** _____

Email _____

Website _____

Tick if you do **NOT** wish your name to be published
 In the 'Welcome to New Members in 'Small Talk'

Tick if you do **NOT** wish your name to be given to people enquiring
 about ponies for sale or for publicity purposes.

Please tick category of Membership applying for: **Tick if Renewing** **Membership Number if renewing**

FULL MEMBERSHIP
 (One Adult; Owner Rights; Breeder Rights;
 One Vote)

JOINT MEMBERSHIP
 (Two people, one Adult one any age; Owner Rights;
 Breeder Rights; One Adult Nominee Vote)

FAMILY MEMBERSHIP
 (One or two Adults: their Children
 17 years of age & under, but NOT
 Grandchildren - One Adult Nominee Vote)

JUNIOR MEMBERSHIP: D.O.B. ____ / ____ / ____
 Juniors 17 years of age & under,
 (Owner Rights; No Breeding Rights; No Voting Privileges)

ASSOCIATE MEMBERSHIP
 (One Adult; Owner Rights; No Breeding Rights; No Voting Privileges)

HANDLER MEMBERSHIP
 (One person any age; No Owner Rights; No Voting Privileges)

NOTE FOR INTENDING BREEDERS: If you intend to breed Australian Miniature Ponies, you will need Full Membership and also must Register a Stud Prefix and Brand (if branding) with the Society. Some States require you to register your Brand with the relevant Authority. If you are unsure, please check with your State Delegate if this is required.

PROPOSED STUD PREFIX: Maximum 17 Letters: Registered Name: Total 30 Letters: Prefix Pony's name, including spaces & punctuation.
 Please submit three choices

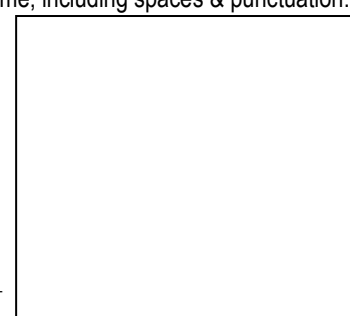
First Choice: _____

Second Choice: _____

Third Choice: _____

REGISTERED BRAND (if applicable) Worded Description _____

NOTE: Prefix and Registered Brand (if branding) **MUST** be registered with AMPS® **before** any Ponies can be eligible for registration.



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 431, Shellharbour City, NSW 2529 Or email completed Membership Application / Renewal Form with payment details to: janelle@lbcentre.com.au

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 1 st June to 31 st July following year	PRO-RATA (New Members Only) 1 Feb to 31 May	FEES	
JOINING FEE Once off fee payable by all new Members except Junior Members	\$33.00	Pro-rata N/A	\$33.00	\$
FULL MEMBERSHIP (See page 1 for Membership Category details)	\$88.00		\$44.00	\$
JOINT MEMBERSHIP (See page 1 for Membership Category details)	\$110.00		\$55.00	\$
FAMILY MEMBERSHIP (See page 1 for Membership Category details)	\$155.00		\$77.50	\$
JUNIOR MEMBERSHIP (See page 1 for Membership Category details)	\$66.00		\$33.00	\$
ASSOCIATE MEMBERSHIP (See page 1 for Membership Category details)	\$77.00		\$38.50	\$
HANDLER MEMBERSHIP (See page 1 for Membership Category details)	\$44.00		\$22.00	\$
STUD PREFIX / BRAND FEE (See page 1 for details)	\$33.00	Pro-rata N/A	\$33.00	\$
LATE FEE: Payable by all Members renewing their Membership between Sept 1 & Oct 31.	\$33.00	Pro-rata N/A	\$33.00	\$
RE-JOIN FEE: Payable by unfinancial Members applying to reinstate their Membership after November 1 in current year or subsequent years.	\$33.00	Pro-rata N/A	\$33.00	\$
Note: All Fees include GST: once paid this Form constitutes a Tax Invoice	TOTAL FEES PAYABLE			\$

Payment Method:

Cheque Money Order Credit Card EFT

AMOUNT PAYABLE: \$ _____ - _____

All Cheques or Money Orders made payable: Australian Miniature Pony Society Inc

"I authorize the above amount or any handling fees incurred to be charged to my Credit Card":

Credit Card Type: _____ **Name on Card:** _____

Credit Card Number: _____ / _____ / _____ / _____ **Expiry Date:** ____ / ____

Signed: _____ **Date:** ____ / ____ / ____

IF PAYING BY DIRECT DEPOSIT:

Bank details: Westpac: BSB 032 689 Account: 128288:

Please put as Reference: Your AMPS® Membership Number: if new Membership: put surname & NEW

YOU MUST ENTER YOUR BANK RECEIPT NUMBER Before emailing or posting to the office _____

Declaration: I/We hereby apply to become a Member/s of the Australian Miniature Pony Society Inc (hereafter referred to as AMPS®). I/We agree that if the Application is accepted and approved, I/We will abide by the Constitution and Rules & Regulations of AMPS®, including any amendments made thereto. By signing the Application, I/We understand that I/We are personally responsible for the information submitted and also understand that in the event said information is determined to be fraudulent, I/We am/are subject to penalty and/or loss of Membership and all fees submitted. I/We acknowledge that AMPS® reserves the right and hereby consent to the re-distribution of all or part of the above information, by the Society or any other entity/entities or person/s in order to achieve its objectives as defined in the Constitution. Further, when attending any event, I and those persons accompanying me/us, agree to abide by all Conditions of Entry of the Event as well as the Constitution, Rules & Regulations of AMPS®. I/we acknowledge & will make those accompanying me/us aware, that Equine sports have the potential to be dangerous and accept that while every effort will be made with regard to safety, I and those persons accompanying me, will not hold AMPS® responsible for any damage, loss or injury incurred.

Signed: _____ Print Name: _____ Date ____ / ____ / ____

Signed: _____ Print Name: _____ Date ____ / ____ / ____

(Junior Members, 17 years or under; signature of Parent or Guardian is required. Joint and Family Memberships; Nominee to sign.)