

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 _____
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 Vote)

☐ **JOINT MEMBERSHIP**
(Two people any age – One Vote)

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

☐ **JUNIOR MEMBERSHIP: D.O.B.** ____ / ____ / ____
Juniors 17 years of age & under, as at 31 July
(No Voting Privileges)

☐ **ASSOCIATE MEMBERSHIP** (No Breeding or Voting Privileges)

☐ **HANDLER MEMBERSHIP**
(No Breeding, No Owner Rights, No Small Talk & 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** a Brand (if branding) or a Micro – Chip number 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 _____

MICRO – CHIP NUMBER (if applicable) _____

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

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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 1 st June to 31 st July following year	PRO-RATA (New Members Only) 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 a late fee for those Members not renewing their Membership by August 31. Not applicable to Junior Membership.			
Note: All Fees include GST: once paid this Form constitutes a Tax Invoice			
TOTAL FEES ENCLOSED			\$

Payment Method:

Cheque ☐ Money Order ☐ Credit Card ☐

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:** _____ / _____ / _____

CHECK LIST: TO AVOID A HANDLING OR MORE INFORMATION FEE, PLEASE ENSURE THAT YOU HAVE:

***** Ticked appropriate boxes, *** Added D.O.B. where necessary, *** Completed Fees Payable and Payment Method section *** Have Application / Declaration signed by ALL Applicants, *** PRINTED CLEARLY IN BLOCK LETTERS**

APPLICATION FORMS INCORRECTLY COMPLETED, WITH INCORRECT FEES ATTACHED, OR ILEGIBLE, WILL NOT BE PROCESSED

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: _____ Date _____ / _____ / _____

Signed: _____ Date _____ / _____ / _____

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