

**BACK NUMBER \_\_\_\_\_**

**MEMBERSHIP APPLICATION FORM**

**1st August 2019 - 31 July 2020**

**MEMBERSHIP TYPE FAMILY.....\$50.00 (tick one)**

**MEMBER SINGLE.....\$35.00**

**YOUTH.....\$20.00**

I hereby apply for membership with the Central Coast Quarter Horse Association. I agree to be bound by its rules and regulations as set down in its constitution and as determined by the Committee from time to time. Membership Fees are due 1st August each year.

NAME 1: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_ PH/MOBILE: \_\_\_\_\_

1 EMAIL: \_\_\_\_\_

1 Breed Association: \_\_\_\_\_ 1 Membership No: \_\_\_\_\_

NAME 2: \_\_\_\_\_

2 EMAIL: \_\_\_\_\_

2 Breed Association: \_\_\_\_\_ 2 Membership No: \_\_\_\_\_

NAME 3: \_\_\_\_\_

3 EMAIL: \_\_\_\_\_

3 Breed Association: \_\_\_\_\_ 3 Membership No: \_\_\_\_\_

NAME 4: \_\_\_\_\_

4 EMAIL: \_\_\_\_\_

4 Breed Association: \_\_\_\_\_ 4 Membership No: \_\_\_\_\_

**Declaration:**

In completing this form you agree to the rules set out by the CCQHA \_\_\_\_\_

I approve use of photos taken at CCQHA shows/ clinics and training \_\_\_\_\_