

Victorian Arabian Horse Association Inc. Membership Application 2019



ABN 77 115 844 880
PO Box 449, Romsey, Victoria 3435

Name(s)	
Postal Address	
Phone (H)	
Phone (M)	
Email	
AHSA Membership No. (if applicable)	

Do you wish for the above details to remain confidential? Yes No

New Membership

Renewal of Membership (please indicate)

***Membership without insurance** 1/1/19 - 31/12/19 \$45.00 per person/household ()**

*** Junior Membership without insurance ** 1/1/19 - 31/12/19 \$30.00 per child ()**

** VAHA no longer offers the option of insurance with membership. We encourage individuals to become Participant Members of the AHSA. This membership provides the same coverage for the same fee.

If you are a member of the Arabian Horse Society Of Australia (AHSA) you are covered by their liability insurance policy. Please state Member Number Above. If you are not an AHSA member and wish to have insurance cover, please contact the AHSA about Participant Membership.

I agree to abide by the rules of The Victorian Arabian Horse Association Inc. I agree that the information I have provided is true and correct.

Signed _____

Date _____

Please find a Cheque/Money Order enclosed for \$

If paying by Direct Deposit please use "membership" and your last name as reference and enclose a printed copy of the transfer.

Commonwealth Bank
Account name: The Victorian Arabian Horse Association Inc.
BSB 063 012 Account 1070 7708

Do you have Liability Insurance Yes () No ()

If yes, with whom, AHSA or other, please specify _____

Thank you for your support.