P.O Box 56 Beaconsfield TAS 7270

ABN 12 320 546 497



AUSTRALIAN MINIATURE HORSE & PONY REGISTRY

MEMBERSHIP RENEWAL

CATEGORIES:	(Circle One)	ADULT	PARTNERSHIP	FAMILY	YOUTH		
MEMBERSHIP NAME/S OF ME	MBER/S:		Family & (Youth must be under	· 18, include Date Of Bir	th)		
1				DOB if under 18	/	<i>J</i>	
2				DOB if under 18	/	/	
3				DOB if under 18	/	/	
4				DOB if under 18_		_/	
5				DOB if under 18_		_/	
6				DOB if under 18_		_/	
7				DOB if under 18_		_/	
8				DOB if under 18_		_/	
ADDRESS							
				POST CODE			
PHONE			EMAIL				
In signing this renewal, I/we agree that I/we am/are personally responsible for the information submitted, and also understand that in the event, said information is determined to be inaccurate or fraudulent, I/we am/are subject to penalty and/or loss of membership and all fee's submitted. I/We agree to abide by the rules of the Australian Miniature Horse & Pony Registry.							
SIGNED			DATED				
NEW PREFIX/S: If applying for a new	prefix you may su	bmit, in order of pre	eference, more than one option,	the AMR* will select the	e first available	option.	
1			22				
3			4				
NEW BRAND/S:							
Worded Description							
MEMBERSHIPS	S ARE DUE ON	I 1 st of JULY.		Show dia	gram of Bra	nd	

COMPLETE THIS FORM AND FORWARD TO THE AMR* ACCOMPANIED BY A CUSTOMER WORK ORDER AND THE CORRECT FEES