

Riding Pony Stud Book Society Ltd

A Company Limited by Guarantee ACN 129 850 531 ABN 18 129 850 531

Post Office Box 623 RICHMOND NSW 2753 Ph: (02) 4577 5530 email: general@rpsbs.com.au

NEW ORDINARY (Single) MEMBERSHIP APPLICATION

MEMBERSHIP NAME - Memberships are not transferrable and may not be amended. The name attached to the membership number will be recorded as the owner of ponies recorded under that number

Title (Mr / Mrs / Miss / Ms / Other)	_ Surname	Given Na	me (s)	
Address				
			State	Postcode
If member is under 18 years of a	ge			
a Nominee must be recorded The Nominee for this membe				(name of Nominee)
the members date of birth mu	ust be recorded/ _		(date of birth of r	member under 18)
The Parental Consent statement (over the page) must be signed by the Nominee if the Member is under 18 years of age.				
TELEPHONE:		MOBILE:		
WEBSITE:		EMAIL:		
Please withhold my contact details from the online Stud Book (details will be displayed if box not ticked)				
Voting State (if different from postal address State, as per Rules & Regulations)				
I have previously been a member of the Riding Pony Stud Book Society Membership Name Member No Address of previous membership				
JUDGES: Is the member an approved RPSBS Judge. Yes/No Judges Name:				
INSURANCE DISCLAIMER				
MEMBERS 18 YEARS & OVER	२			
By paying this membership, I/we agree to be bound by the Rules, Regulations and By-Laws of the Riding Pony Stud Book Society Ltd.				
By signing, below I/we declare that I/we have read and understood the RISK WARNING AND WAIVER available on the RPSBS website, acknowledging the inherent risks associated with equine activities.				
Member Signature				Date

MEMBERS UND By paying this memb		ARS OF AGE agree to be bound by the Rules, Regulations and By-Laws of the Riding Pony Stud Book Society Ltd.		
By signing, below I/we declare that I/we have read and understood the RISK WARNING AND WAIVER available on the RPSBS website, acknowledging the inherent risks associated with equine activities.				
		nsent and have read and understood the PARENTAL CONSENT AND INDEMNITY applicable for all e, available on the RPSBS website.		
		s of age, this form must be signed by <u>both</u> a Parent / Guardian <u>AND</u> a Nominee. may be the same person but must sign in both capacities.		
Parent/Guardian Sig	nature	Date		
Nominee Signature _		Date		
Address of Nominee Phone number				
Email address of nor	minee			
FEES - Membersh	ip year cor	nmences on 1 July. All fees are GST inclusive		
Ordinary Member \$ 110.0		An Ordinary Member may register, transfer and carry out other transactions with the Society. An Ordinary Member has voting rights, has insurance coverage receives a copy of the RPSBS Annual and Member Bulletins. He/she may also show his/her registered horse(s) at events conducted under the rules of the RPSBS.		
		A Nominee must be recorded for Ordinary Members under the age of 18 years.		
PAYMENT DET	All S - se	TAX INVOICE – ABN: 18 129 850 531 This is your receipted tax invoice once payment has been made. Please retain a copy		
PAYMENT DETAILS - select payment method:				
Cheque: Please make cheques payable to Riding Pony Stud Book Society Ltd				
EFT: ANZ Bank Date Deposited / / Amount Deposited \$				
BSB: 012-482 Please use your membership name as your reference				
Account No.	9018 79841	** DO NOT DIRECT DEPOSIT WITHOUT EMAILING THIS FORM **		
Credit Card:	: M	astercard Visa		
Card Numbe	r:	CVV Expiry Date/		
Cardholder N	Name	Cardholder Signature		
DEEINITIONS.	A Nomines	an authorized representative where		
:	1. Is 2. Ho	s an authorised representative who: 18 years of age or over; Ids the voting rights; and responsible for and acts on behalf of the membership category for which it relates.		

Completed Memberships can be sent via mail or email to: Riding Pony Stud Book Society Ltd Post Office Box 623, RICHMOND NSW 2753 Email: general@rpsbs.com.au

COMPLETED FORM MUST BE RETURNED TO THE NATIONAL OFFICE FOR THE MEMBERSHIP TO BE FINANCIAL (FOR INSURANCE PURPOSES).