



PO Box 56 Beaconsfield Tasmania 7270

ABN 83 117 455 419

AUSTRALIAN MINIATURE HORSE & PONY REGISTRY

MEMBERSHIP APPLICATION

CATEGORIES: (Circle One)

ADULT PARTNERSHIP FAMILY YOUTH

NAME/S OF APPLICANT/S:

Include full name of All Applicant/s, Individual, Partnership, Family & Youth (must be under 18, include DOB) _____/_____/_____

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

ADDRESS _____

POST CODE _____

PHONE _____ **FAX** _____ **EMAIL** _____

In signing this application, 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** _____

(Circle One) **I DO WISH** **I DO NOT WISH** To have a free banner ad created for me **I HAVE MY OWN BANNER AD**

STUD PREFIX/S: (Circle One) **APPLICATION FOR A NEW PREFIX** **MY EXISTING PREFIX/S ARE**

If applying for a new prefix you may submit, in order of preference, more than one option, the **AMR*** will select the first available option.

1 _____ 2 _____

3 _____ 4 _____

BRAND/S:

Wording Description _____

NOTE: JOINING FEE PAYABLE FOR FIRST TIME MEMBERS
NOTE: MEMBERSHIPS ARE DUE ON OR BEFORE 1st of JULY



Show Diagram Of Brand

NOTE: All Brands and Prefixes registered with the **AMR*** will be recorded on the **On Line Register**.

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