



# Arabian Riders & Breeders (ACT & Southern NSW) Inc.

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CANBERRA CITY ACT 2601

Email Address: [secretary@arabsinc.com.au](mailto:secretary@arabsinc.com.au)

Website: [www.arabsinc.com.au](http://www.arabsinc.com.au)

ABN No.: 71 684 681 879

Arabs Inc is an affiliate of the Arabian Horse Society of Australia Ltd

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## APPLICATION FOR MEMBERSHIP – 2010/2011

Becoming a financial member of the Arabian Riders & Breeders (ACT & Southern NSW) Inc. means that you agree to abide by its Constitution and Regulations.

Membership entitles you to:

- join in all activities conducted by Arabs Inc
- receive a discount on entry tickets at all shows conducted by Arabs Inc
- vote at the Arabs Inc Annual General Meeting
- attend and contribute at the club's monthly meetings.

Please note that membership of Arabs Inc. **DOES NOT** entitle you to membership of the Arabian Horse Society of Australia (AHSA).

**Completed membership forms should be sent to The Secretary at the above address.**

**Name:** \_\_\_\_\_

**Postal address:** \_\_\_\_\_

\_\_\_\_\_ **State:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Phone: (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_ **(Mobile)** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Names of others included in Joint membership:**

**1:** \_\_\_\_\_ **2:** \_\_\_\_\_

**3:** \_\_\_\_\_ **4:** \_\_\_\_\_

Junior membership is open to those under 18 years of age. Provide date of birth if applicable.

**Membership fees:**

**Single Membership - \$40.00**

**Family Membership - \$40.00 plus \$10.00 for each additional member**

**Junior Membership - \$20.00** (Date of birth: \_\_\_\_\_)

**INSURANCE: Arabs Inc members who are not covered for Personal Liability Insurance through their membership of the AHSA or a similar equine association are able to receive coverage by the inclusion of an additional \$30.00 with this membership application.**

I/We enclose \$ \_\_\_\_\_ for membership and do not require Personal Liability Insurance.

OR

I/We enclose \$ \_\_\_\_\_ for membership and \$30.00 for Personal Liability Insurance.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please note** that all membership details are forwarded to the AHSA for affiliation and insurance purposes.