

# The New Zealand Shetland Pony Breeders Society (Inc.) Membership Application Form

I/We: .....

.....

of: .....

.....

Phone: ..... Mobile: .....

Fax: ..... E-mail: .....

I/We wish to become a member/s of the Society, and agree, when elected, to pay the annual subscription and to conform to the rules and regulations of the Society until termination of the year in which I/We shall pay the next annual subscription or withdraw from the Society by written notice to the Secretary.

Date: ...../...../20..... Signature: .....

This application must be accompanied by the prescribed fee and forwarded to:  
The Secretary, 530 Marshland Road, Christchurch 9. Phone (03) 385 6163

**Membership \$10** joining fee - (for new members) **\$40** (family) **\$35** (single)

Note: If you do not wish your address and/or phone number to appear on the membership list, please put a cross in this box.

**Please complete the following for our information:**

Do you own a Shetland pony?      *Tick box*    Yes     No

If yes, how many?

Name of pony and Reg No. ....

Name of pony and Reg No. ....

How did you find out about the NZSPBS? .....

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