

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

I/We

of

Telephone: Cell:

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:

Membership

\$10 joining fee - (for new members)

\$40 (family)

\$35 (single)

The Secretary

NZ Shetland Pony Breeders Society (Inc)

530 Marshland Road,

Christchurch

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.*

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