



Membership Application

I hereby apply for membership with the Quarter Pony Assn. Aus. Inc (QPAA Inc) and agree to abide and be bound by the constitution and all rules & regulations for the time being in force and all by-laws thereafter.

Adult

Family

Junior (under 18)

Associate

Name: _____

Stud Name (if applicable): _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Phone: () _____ Email: _____

Payments made to the QPAA Inc are considered 'pending' until applications have been approved - upon any rejection the Secretary will ensure fees paid by the unsuccessful applicant shall be refunded.

Signature: (to be signed by guardian if Junior applicant)

Date: __/__/____

Family Membership: (2 Adults and their children up to and including 17 years of age)

Adult 1: _____ Adult 2: _____

Child: _____ D.O.B: __/__/____ Junior Card Required

Child: _____ D.O.B: __/__/____ Junior Card Required

Child: _____ D.O.B: __/__/____ Junior Card Required

Please tick box if child/children will be showing as Junior Members as they will be issued their own card

Payments made to the QPAA Inc are considered 'pending' until applications have been approved - upon any rejection the Secretary will ensure fees paid by the unsuccessful applicant shall be refunded within 14 days of the meeting.

Signature: _____ Signature: _____ Date: __/__/____

(Adult 1)

(Adult 2)

Membership Fees

Adult: **\$30.00**
Family: **\$50.00**
Junior: **\$15.00**
Associate: **\$20.00**

Payment Details

Bank Transfer
PayPal – not available
Cheque
Cash

Post To

QPAA Inc
PO Box 457
Beaudesert Q 4285
quarterponyassn@gmail
.com

OFFICE USE ONLY

Processed By:
Processed Date:
Receipt #:
Membership #