



CLYDESDALE HORSE SOCIETY OF NEW ZEALAND (INC)

Please send to: The Secretary, Jess Miller
87 King Street, Cambridge 3434

MEMBERSHIP APPLICATION FORM

I hereby apply to the Council under Rule 6 to become a member of the Clydesdale Horse Society of New Zealand (Inc). I agree to support the objects and observe the rules as published from time to time.

Please print details clearly:

NAME:

POSTAL ADDRESS:

PHONE NUMBER(S):

E-MAIL ADDRESS:

SIGNATURE:

PROPOSED BY:

(Financial member of the Society)

SIGNATURE:

DATE:

SUBSCRIPTION: (Annual \$65, Life \$650)

Please make payment into the society's bank account: **06 0317 0817588 00**
Please ensure that all payments quote your name (first name initial and last name)
and the payment category e.g. subscription, etc.

In submitting this form, I agree to my details being used for the purposes of the society. I understand my data will be published in the society's stud book from time to time, otherwise held securely and will not be distributed to third parties. I have a right to change or access my information and can opt out of having my details published.