



CLYDESDALE HORSE SOCIETY
OF NEW ZEALAND (Inc.)

JUNIOR MEMBERSHIP APPLICATION FORM

For young people under 18 years of age who have an interest in Clydesdale horses.

APPLICANT DETAILS

Full Name: _____

Postal Address: _____

Town/City: _____ Email Address: _____

Date of Birth: ____ / ____ / ____ Phone Number: _____

Circle One: Cap Banie in Colour: Navy Black

PARENT / GUARDIAN DETAILS

Parent/Guardian Name: _____

Phone Number: _____ Email Address: _____

JUNIOR MEMBER DECLARATION

I wish to become a Junior Member of the Clydesdale Horse Society of New Zealand (Inc). I agree to support the aims and objectives of the Society and to abide by its Constitution, Rules, and Policies as amended from time to time. I am aware junior memberships do not have voting rights.

PARENT/GUARDIAN CONSENT

I, the undersigned parent or legal guardian of the applicant, consent to their application for Junior Membership of the Clydesdale Horse Society of New Zealand (Inc).

I understand that:

- The applicant's personal information will be used for Society administration and communication purposes.
- Information may be published in Society publications, including the Stud Book, newsletters, website, social media, and promotional material unless otherwise requested.
- Personal information will be stored securely and will not be provided to third parties without consent unless required by law.
- I may request access to, correction of, or removal of the applicant's personal information.

The annual Junior Membership subscription is payable by 30 September each year and remains due while the membership remains active. The free hat is for the first year's membership only.

Parent/Guardian Signature: _____ Date: _____

MEMBERSHIP FEES

Junior Subscription: \$32.50 per annum

Bank Account: 06-0317-0817588-00

Please use: Particulars: Applicant's Name (First Initial and Surname)

Code: Subscription

PLEASE RETURN TO
The Secretary
Clydesdale Horse Society of NZ (Inc)
J Sugden
228 Marahau Road, RD 17
Whanganui 4587
Email: secretary@clydesdale.org.nz

Office use only:

Date Received: _____

Payment Y / N

Approved: Yes No