



PHAA MEMBERSHIP RENEWAL 2019/2020 Year

Membership No.: _____

NAME: _____

ADDRESS: _____

TOWN/STATE/P'CODE: _____

EMAIL: _____

All PHAA Memberships are due for Renewal by 1st August 2019. Membership renewals will be received until 31st August 2019, after this date, unpaid memberships will lapse. To renew, please complete and return this form with your payment, you may post, fax or email this form back to the office.

If you are renewing your **Amateur Membership** at the same time you are entitled to a discount of \$5 off the Amateur Renewal Fee bring the fee back to \$40. **Please complete a separate Amateur application form** and return with your membership renewal to take advantage of this discount.

Full Membership renewal for 2019-2020	\$160
Family Membership renewal for 2019-2020	\$215
Constituent Membership renewal for 2019-2020	\$185
Associate Membership renewal for 2019-2020	\$95

Senior Youth Membership renewal for 2019-2020 (For Youth 14 to 18 years old as at 1 st August 2019)	<input type="checkbox"/> \$45
Junior Youth Membership renewal for 2019-2020 (For Youth 13 years or younger as at 1 st August 2019)	<input type="checkbox"/> \$40
Limited Youth Membership renewal for 2019-2020 (Walk-Trot and Leadline competitors only)	<input type="checkbox"/> \$25

I agree to abide by the Constitution and Rules and Regulations of the Paint Horse Association of Australia Ltd and certify that all information on this form is true and correct.

I give my permission for myself or my child/ren to be photographed/filmed at PHAA Events, and for the images to be used for PHAA promotion either in print form or online publically.

1: Signature:
 (Name of Nominee 1- Must sign form)

2: Signature:

3: Signature:

Date:

I/we have paid \$_____ for above fees by direct deposit - **Date of deposit** ___ / ___ / _____

BSB: 062 534 A/C No: 1025 3938 A/C Name: Paint Horse Association of Aust.

I/We enclose cheque / money order / credit card details for \$_____ for above fees.

Credit Card Payments - will attract a 2.00% Merchant recovery fee.

VISA / MASTERCARD (Please Circle) Card No _____ / _____ / _____ / _____

Name on Card Expiry Date ___ / ___

Signature: Date:.....

By joining the PHAA you agree that we may provide notices, information and documents by electronic communications to you, unless you advise us in writing to the contrary.