



ABN 35 936 413 329

AUSTRALIAN MINIATURE HORSE & PONY REGISTRY MEMBERSHIP APPLICATION

CATEGORIES: (Circle One)

ADULT PARTNERSHIP FAMILY YOUTH

NAME/S OF APPLICANT/S:

Include full name of **all** Applicant/s, Individual, Partnership, Family & Youth (must be under 18, include DOB) _____/_____/_____

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

ADDRESS _____

POSTCODE _____

PHONE _____ **EMAIL** _____

In signing this application, I/we agree that I/we am/are personally responsible for the information submitted, and also understand that in the event, said information is determined to be inaccurate or fraudulent, I/we am/are subject to penalty and/or loss of membership and all fee's submitted. I/We agree to abide by the rules of the **Australian Miniature Horse & Pony Registry**. **ANY MEMBERSHIP REQUEST MAY BE DENIED AT ANY TIME WITHOUT ANY DISCUSSION BEING ENTERED INTO. WE RESERVE THE RIGHT TO DENY ANY MEMBERSHIP AMR SEE FIT.**

SIGNED _____ **DATED** _____

STUD PREFIX/S: (Circle One) APPLICATION FOR A NEW PREFIX MY EXISTING PREFIX/S ARE

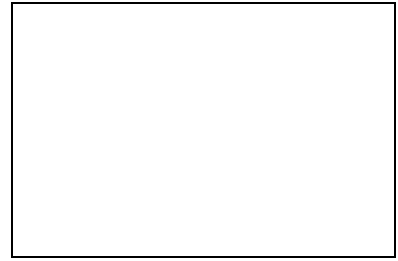
If applying for a new prefix you may submit, in order of preference, more than one option, the **AMR*** will select the first available option.

1 _____ 2 _____

BRAND/S:

Worded Description _____

NOTE: Brands & Prefixes registered with AMR will be recorded On Line
diagram of Brand



Show

NOTE: MEMBERSHIP FEE PLUS JOINING FEE ARE PAYABLE IF NOT PREVIOUSLY AN AMR MEMBER
NOTE: MEMBERSHIPS ARE DUE ON OR BEFORE 1st of JULY. IF JOINING JANURARY TO MARCH ½
MEMBERSHIP FEE APPLIES IF JOINING APRIL TO JUNE ¼ MEMBERSHIP FEE APPLIES

COMPLETE THIS FORM AND FORWARD TO THE AMR* ACCOMPANIED BY A CUSTOMER WORK ORDER

