



## 2018-2019 MEMBERSHIP APPLICATION

PLEASE TICK THE APPROPRIATE MEMBERSHIP CHOICE AND SEND TOGETHER WITH YOUR CHEQUE TO

WMHC C/- Kirstie McGrail  
59 Kimberley Road  
RD5  
Te Awamutu 3875

<b>FULL MEMBER</b> Any person 18yrs of age and over, having joined and been accepted by the Association as a full member and paid the annual subscription. Full adult members shall own/lease a miniature horse registered with NZMHA. Must reside in Region 2. A Full Adult Member who resides in Region 2, who does not own a miniature horse may be accepted as a member, at the discretion of the Committee at the time of application.	\$30.00	
<b>JOINT MEMBERSHIP</b> Two adults residing at the same address and both having joined and been accepted by the Association as full members and paid the annual subscription. Full members shall own/lease a miniature horse registered with NZMHA. Must reside in Region 2.	\$40.00	
<b>FULL FAMILY MEMBERSHIP</b> For families consisting of 2 or less adults and their dependant children (under 18 yrs) who have been accepted as full members and who own/lease a miniature horse registered with NZMHA. Must reside in Region 2.	\$40.00	
<b>JUNIOR MEMBER</b> Any person 17 years and under having joined and been accepted and paid the annual subscription. Junior members shall not be entitled to hold office or vote at any meeting. <b>NO VOTE</b>	\$20.00	
<b>ASSOCIATE MEMBER</b> Any person not owning or leasing a horse registered with NZMHA or not residing in Region 2 <b>NO VOTE</b>	\$30.00	
<b>ASSOCIATE JOINT MEMBERSHIP</b> Two adults residing at the same address not owning or leasing a horse registered with NZMHA or not residing in Region 2. <b>NO VOTE</b>	\$40.00	
<b>ASSOCIATE FAMILY MEMBERSHIP</b> Two or less adults and their dependant children not owning or leasing a horse registered with NZMHA or notresiding in Region 2. <b>NO VOTE</b>	\$40.00	
<b>DONATION</b> \$5 / \$10 (or more) to help with the purchasing of prizes for the shows		
<b>TOTAL</b>		

**ALL MEMBERSHIP FEES ARE DUE 1<sup>ST</sup> SEPTEMBER 2018**

I/We Mr. /Mrs. /Miss / Ms (full names of all members) .....

Address.....

Phone... (0... )..... Email address.....

I will abide by all terms and regulations set forth in the Articles and Rules of the Waikato Miniature Horse Club, and any amendments made thereto. I acknowledge that information provided to the Waikato Miniature Horse Club on this form may be used in any official publication.

Signed..... Date.....

**Sponsored By (must be a full member of WMHC)**

I..... Being a full member recommend this person/s for membership to the Waikato Miniature Horse Club

Signed..... Date .....

**Seconded By (must be a full member of WMHC)**

I..... Being a full member recommend this person/s for membership to the Waikato Miniature Horse Club

Signed..... Date .....

**EMAIL NOTIFICATION:** If you do not wish to to receive information updates from WMHC via email, please write "NO" in the box

**FACEBOOK:** Are you a member of our Facebook group, or do you read it? Please write "YES" or "NO" in the box.