



NATIONAL BUCKSKIN SOCIETY (INC)

# NEW MEMBERSHIP

## 1<sup>st</sup> JULY 2016 – 30<sup>th</sup> JUNE 2017

I/We hereby apply for membership with the National Buckskin Society Incorporated (NBS Inc.) for the period 1st July, 2016 to 30th June, 2017 and I/We hereby agree to pay the appropriate subscription fees, support the purposes of the Society and abide with and be bound by the Rules of the Society, as set out in the Rules and in the Regulations made thereunder.

I give permission for any photos taken of me, the persons listed below on this form and my horses at NBS Inc. activities to be used for any NBS Inc. promotional purposes (e.g. Newsletter, Website, Facebook).

I would prefer to receive the NBS NEWSLETTER and Show Programs or Notifications by electronic means (e.g. email).

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ NBS MEMBERSHIP No. \_\_\_\_\_

### Notes:

1. **Membership must be in the same name** as the Registered Owner for any horses registered with the NBS Inc.
2. **Only NBS Inc Registered horses and current Members are eligible to compete in NBS Inc Buckskin Classes at Shows**
3. **An Associate Member is a member under 18 years of age, but has NO voting rights. A parent/guardian must be listed as the Nominee and must pay the Insurance Levy. This Nominee also has NO voting rights.**
4. **If any person is below the age of 18 years at the start of this year of membership (July 1, 2016), please include the age of that person (as at July 1, 2016) beside their name.**
5. **If any changes, corrections or additions are required, please make those changes before returning the form.**
6. **Mark the 'tick boxes' above regarding photos and emails, then Sign and Date this form in the space above these Notes.**
7. **Complete the AHSA LIABILITY DECLARATION FORM FOR AFFILIATES 2016 for each person & return with this form.**

## MEMBERSHIP DETAILS

MEMBERSHIP NAME (See Notes 1. above) \_\_\_\_\_ M/ship No \_\_\_\_\_

If you are a Member of Arabian Horse Society of Australia (AHSA), please provide your AHSA Membership Number – \_\_\_\_\_

NOMINEE SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

**NOMINEE** - RECEIVES ALL CORRESPONDENCE, SIGNS ALL RELEVANT DOCUMENTATION & HAS VOTING RIGHT FOR FULL MEMBERSHIP. FOR ASSOCIATE MEMBERS (UNDER 18 YEARS) THE PARENT/GUARDIAN MUST BE LISTED AS NOMINEE, (DOES NOT HAVE VOTING RIGHTS)

ADDRESS \_\_\_\_\_

TOWNSHIP \_\_\_\_\_ STATE \_\_\_\_\_ POSTCODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

Email \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

PLEASE LIST **ALL PERSONS**, APART FROM NOMINEE (& AGE IF U18). ALL PEOPLE PAY \$10.00 EACH FOR AFFILIATION/INSURANCE FEE

	Age		Age		Age
1.		2.		3.	
	Age		Age		Age
4.		5.		6.	
	Age		Age		Age

Please check/complete the remaining details below and return complete form to:

**NBS Membership Co-ordinator:** Graham Brookes,  
500 Wildwood Road, WHITTLESEA, VIC, 3757

**Cheques** made payable to the **National Buckskin Society (Inc.)**

**Direct Deposit (EFT)** to NBS account at CBA – BSB No. 06 3506, A/c No. 1090 6993

For Reference/Description on your transaction, please use "M SHIP & your name"

Check/update the following details, ensuring you have the box 'crossed' (X) for the relevant Membership Category

(X)		SINGLE MEMBERSHIP	(X)	JOINT or MULTIPLE MEMBERSHIP	(X)	COST (\$)
	<b>NEW MEMBER</b> (Single, Joint or Multiple) Can vote & register, transfer, own, show, lease a Buckskin horse or pony)	SINGLE \$60.00		JOINT/MULTI \$65.00		
	<b>NEW ASSOCIATE MEMBER</b> (Is a member <b>under 18</b> years of age, but has no voting rights. Parent/Guardian must be Nominee)	\$60.00				
	<b>PRO-RATA MEMBERSHIP</b> For NEW members (first) joining the NBS after 1 <sup>st</sup> April 2017 (i.e. 3 months membership)	\$40.00				
<b>X</b>	<b>AFFILIATION/INSURANCE FEE</b> AHSA Affiliation Fee & Public Liability at NBS events	\$10.00 EACH PERSON, (Incl. NOMINEE)		Number of people		

Payment Type – Cheque ..... M/order ..... Direct Deposit ..... Cash ..... (Please tick)

**TOTAL**

Date Rec.d: \_\_\_/\_\_\_/2016/17 Receipt No: \_\_\_\_\_ OFFICE USE Amount \$ \_\_\_\_\_ Reference No \_\_\_\_\_

Received By (committee PLS PRINT): \_\_\_\_\_

S/S \_\_\_\_\_, Index \_\_\_\_\_, Card \_\_\_\_\_, Post \_\_\_\_\_ W/P \_\_\_\_\_