



Australian Stock Horse
SOCIETY

Application for Membership of

_____ Branch

Year - 20__ __ (__ / __ / __ to __ / __ / __)

Membership Details

Style of Membership (please tick)
Membership Information below

Full

Youth

Social (non Participant)

Surname _____

First Name _____

Postal Address _____

State _____

Postcode _____

Primary Contact Phone Number _____

Date of Birth _____

Email _____

Have you been a Member of an ASHS Branch before? (Please tick)

No

Yes

If Yes which Branch _____

Please briefly indicate what aspects of the Society you are interested in (for example Sport, Showing, Breeding):

Membership Information – *If no Branch Membership fee applies, please write N/A in relevant box below.*

Full Membership: \$	Youth Membership: \$	Social Membership: \$
Adults (over 18 years) who wish to participate in Branch Activities including meetings.	Individuals under 18 years who wish to participate in Branch Activities, including meetings.	Spectator entry to Branch events and activities, including meetings.

Signature of Member:

Signature of Branch Official:

For Branch Use Only