



American Shetland & Derivative Association of New Zealand Inc



APPLICATION FOR MEMBERSHIP AND MEMBERSHIP RENEWAL – 2018/19

Return Form To:

The Treasurer
85 Quail Road
RD4
Warkworth 0984

I, _____ (full name of applicant)

of _____ (address)

Post Code: _____ Occupation _____

Phone () _____ Mobile () _____ Email _____

hereby apply to become a member/renew membership of the American Shetland Association of New Zealand Incorporated.

25% OFF THE FOLLOWING PRICES IF JOINING BEFORE 31ST DECEMBER 2018

- Adult Membership –16 years of age or over and entitled to one Vote \$20.00
Family Membership – Two adults and children residing at the same address \$40.00
Junior Membership – under 16 years of age and not entitled to Vote or hold office \$10.00
Associate Membership – adult not entitled to Vote or hold office \$10.00

Part Year Membership - The Subscription year runs from 1 September each year. If you join between 1 September and 1 March, you will pay a full year subscription. If you join after 1 March but before the Annual General Meeting in July, you will pay HALF of the annual subscription. Persons joining after the AGM pay new year’s rate that covers through to September 1 the following year.

Make Cheques Payable to: ASANZ Inc.

All amounts are inclusive of GST – if you are registered for GST and require a Tax Invoice. Please retain a copy of this document for your records as it becomes a Tax Invoice when paid.

I hereby certify that all information supplied in relation to this membership application is true and correct to the best of my/our knowledge. I agree that if this application is accepted and approved, I will abide by all terms and regulations set forth in the Articles of Incorporation and the Rules of the American Shetland Association of NZ Inc, and any amendments made thereto. In signing this application, I understand that I am/we are personally responsible for the information submitted. I also understand that in the event that said information is determined to be inaccurate or fraudulent, I am subject to penalty and/or loss of membership and all fees submitted. I acknowledge that the information supplied may be used for the purposes of carrying out the business of the association and may be made available to other members.

(Applicant to sign here)

(date)

NEW APPLICATIONS FOR MEMBERSHIP ONLY

This application is to be supported by one adult member of ASANZ Inc BEFORE your application can be processed.

I, _____, being a fully paid up member of the American Shetland Association of NZ Inc recommend the applicant(s) as a member.

(signature of sponsor)

(date)