



# **MEMBERSHIP APPLICATION FORM**

**I hereby wish to apply for the following membership: (Please tick)**

FULL BREEDING       ASSOCIATE       YOUTH       OVERSEAS

Mr/Ms/Miss/Miss.....

Address: .....

.....

.....Post Code.....

Phone: ..... Fax:.....

Mobile Number:..... AHB Number: .....

Email:.....

a) I hereby agree to abide by the rules, regulations and by-laws of the NZ Beef Shorthorn Association (Inc).

b) I consent to the above nomination and to the Association including my name and address in any published list, or providing my name and address as a member to third parties should the secretary so determine.

Singed:..... Signed: .....

New Member

Nominating member

**If Full Membership is applied for, the following should also be completed:**

I wish to apply to the New Zealand Beef Shorthorn Association (Inc) Council for the registration of a Herd Prefix, should my above membership nomination be acceptable. Listed below are three selected prefixes in order of preference -

1<sup>st</sup> Choice .....

2<sup>nd</sup> Choice.....

3<sup>rd</sup> Choice .....

**MEMBERSHIP FEES**

Full Membership	-	Annual subscription \$172.50 plus GST
Associate/Commercial	-	Annual subscription \$34.50 plus GST
Overseas	-	Annual subscription \$115.00 plus GST
Youth	-	Annual subscription \$34.50 plus GST

If applying for Youth membership, please state date of birth: .....

**PLEASE RETURN THIS COMPLETED FORM TO:**

**NZ Shorthorn Association, 75 South Street,  
PO Box 503, Feilding, 4740,  
New Zealand.**

**Phone: 06 323 4484 / Fax: 06 323 3878**

**Website: [www.shorthorn.co.nz](http://www.shorthorn.co.nz)**