

Haflinger Horse Association New Zealand



MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

POSTCODE: _____

PHONE CONTACT DETAILS: _____

E-MAIL CONTACT DETAILS: _____

NAME AND REGISTRATION NUMBER OF HAFLINGERS OR CROSSBREEDS IN
YOUR OWNERSHIP

I wish to apply for:

Breeder membership and I certify that I own 2 or more classified Haflingers and I am actively breeding purebred Haflingers and have enclosed my membership fee of **NZ\$80**

Ordinary membership and I certify that I am the owner of a foal recorded purebred Haflinger and have enclosed my membership fee of **NZ\$40**

Associate membership and have enclosed my membership fee of **NZ\$10**. I understand that as an Associate member I have no voting rights but will receive all electronic HHANZ committee information such as meeting minutes and newsletters.

President
Secretary
Treasurer
Registrar

Pat Reid
Vidhi Marshall
Pat Reid
Kelly Anderson

president@haflinger.org.nz
secretary@haflinger.org.nz
treasurer@haflinger.org.nz
registrar@haflinger.org.nz

By signing this Application I agree to become a HHANZ member, and will abide by the HHANZ rules and regulations as set out in the constitution.

Please tick appropriate: I do / do not consent for my contact details to be distributed to HHANZ members or other individuals that may seek a contact in their area regarding a Haflinger or Crossbred.

CONSENT SIGNATURE _____ DATE _____

Please fill this out and return it to the HHANZ Secretary

Vidhi Marshall
189 Carrs Road, R.D.2., Rangiora 7472
secretary@haflinger.org.nz

President
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Treasurer
Registrar

Pat Reid
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