

I, _____being 18 years of age or over, do hereby apply to become a member of HOOFS2010 Inc.

In the event of my admission as a member, I agree to be bound by the constitution and policies of the Association for the time being in force.

Name		
Postal Address		
Town/City	State	Post Code
Phone	Mobile	
	Email	
Signature of applicant	Date//	
Please return completed forms with payment for \$50.00. per annum Family \$75.00. Concession available, Payments can be made by cheque or money order. Post to		
the address above. Or Direct Deposit to		PO Box 86
HOOFS2010 Inc NAB		Berrigan
BSB 082591 Acc No 143641307		NSW 2712
Office Use		
I nominate the applicant for member	_ Member No ship. Date//	of this Association,
I Second the nomination of the appli	_ Member No	of this Association,
New Member Number		