



Downs Arabian Club Inc.
20 Profkes Road
MOUNT TARAMPA QLD 4311

Membership Application

New Renewal Single (\$15) Family (\$25)

Membership Year: 1 January to 31 December 2010

Name: (Mr/Mrs/Miss/Ms) _____

Stud Name: _____

Postal Address: _____

Telephone: _____ Mobile: _____

Email: _____

Insurance:

AHSA Membership No: _____

OR

If you have paid insurance with another AHSA affiliate club,
please advise which affiliate club: _____

OR

Public Liability Insurance is required if you are not a member of the Arabian Horse Society of
Australia Ltd. **\$20**

I/we hereby apply for membership/renewal of membership of the Downs Arabian Club Inc. If
accepted I/we agree that during the period of my membership, to abide by the rules of the
Association.

I enclose a cheque/money order made payable to Downs Arabian Club Inc. for the amount of \$_____

Signature: _____ Date: _____

Please list names for Family Membership:

Name	Date of Birth (if under 18)
_____	_____
_____	_____
_____	_____
_____	_____