



New Zealand Shetland Pony Breeders Society (Inc.)

Secretary: Lesley Lewis, 530 Marshland Road, Christchurch 8083, New Zealand
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MEMBERSHIP APPLICATION FORM 2021

Refer to NZSPBS website or contact the Secretary for the current Schedule of Fees
Refer to the NZSPBS Constitution & Regulations for further information

New Member Details:

Name(s): _____

Address: _____

Email: _____

Phone: _____ Mobile: _____

Membership Fees: (tick one)

- Junior Membership** (1 child aged 17 years & under at 31 December of relative financial year). \$ 25.00
- Single Membership** (1 adult over the age of 18 years)..... \$ 45.00
- Joint Membership** (2 adults over the age of 18 years residing at the same address)..... \$ 60.00
- Joining Fee** (one-off fee for new members in addition to Junior/Single/Joint fee)..... \$ 10.00

TOTAL PAYMENT ENCLOSED FOR: \$ _____

***If you do not wish your address and/or phone number to appear on the NZSPBS membership list, please tick this box*

Please complete for our information:

Do you own a Registered Shetland Pony? Yes If Yes, how many? _____ No

If Yes, please list Name(s) and Registered Number(s) below:

How did you find out about the NZSPBS? _____

New Member Declaration:

I/We wish to become a member of the NZSPBS and agree, when admitted, to pay the annual subscription and to abide by and comply with the NZSPBS Constitution and Regulations until termination of the year in which I/We shall pay the next annual subscription or resign from the Society by written notice to the Secretary.

By signing this membership application form I/We have given consent in accordance with the NZ Privacy Act 1993 to the collection of the above information by the NZSPBS to retain, use, publish and disclose as necessary for the normal activities of the NZSPBS including: printing my/our name in a membership list (**); information regarding my pony/ponies which is to be printed in a Society Stud Book; Stud Directory, newsletter etc; details of any pony which I may have bred, owned or sold. I acknowledge the right to access and correct this information.

Signed: _____ Date: _____

For Office Use Only: Membership List Newsletter List New Member Info