



# Icelandic Horse Association of Australia Inc.

## 2024 Application for Membership Form

I/we \_\_\_\_\_ wish to apply for membership of the Icelandic Horse Association of Australia for 2024. I /we agree to support the purposes and agree to comply with the Rules of the Icelandic Horse Association of Australia.

\_\_\_\_\_ applicants  
signature (s)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Members Details

|   |  |               |  |
|---|--|---------------|--|
| <b>Name(s) of members<br/>Joining</b>             |  |               |  |
| <b>Address</b>                                    |  |               |  |
| <b>Postal Address<br/>(If different to Above)</b> |  |               |  |
| <b>Telephone</b>                                  |  | <b>Mobile</b> |  |
| <b>Email</b>                                      |  |               |  |
| <b>Website</b>                                    |  |               |  |
| <b>Stud Name/Horse name<br/>(If Applicable)</b>   |  |               |  |

Please choose your option (tick the boxes):

|  |  | <b>1 Year (January 2024<br/>– December 2024)</b> |                          | <b>3 Years (January 2024 –<br/>December 2027)</b> |
|--|--|--|--------------------------|---|
| <b>FULL Membership</b> per person  |  | \$ 60  | <input type="checkbox"/> | \$ 150  |
| <b>Family membership</b> (this includes 2 adults with voting rights, any children under 18 years of the same family with no voting rights)                                 |  | \$ 120   |                          | \$ 330  |
| <b>Youth membership</b> per person(only available for children under 18 years of age, no voting rights)  |  | \$ 15  |                          | \$ 40   |
| <b>Associate membership</b> per person (for Overseas members that do not own an Icelandic horse in Australia, people that don't want to be full members; no voting rights) |  | \$ 30  |                          | \$ 80   |

|  |  |                              |                             |
|--|--|------------------------------|-----------------------------|
| <b>No of People Joining</b>  |  | <b>Total Amount due</b>      | <b>\$</b>                   |
| <b>Worldfengur access (Full &amp; Adult members of Family membership only) please circle</b><br>As not everyone uses Worldfengur only people that request access will be added to the system. It is a free benefit of being a member (worth approx. \$300) |  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**Payment Method:**

Please send payment via **direct deposit:**

**\*\*\* New bank account details are \*\*\***

**Name: Icelandic Horse Association of Australia Inc**

**BSB: 633 000 Account Number: 159717735**

Please include you name as description of payment and advise remittance by email to

info@icelandichorses.org.au

We would ask to transfer the funds via direct deposit and not by cheque to make the administration of the account more efficient. Thank you!

✂-----

Please detach and keep this portion for your own records



**Icelandic Horse Association of Australia  
2024 Membership**

|                                     |  |                    |  |
|-------------------------------------|--|--------------------|--|
| <b>Names of Members Joining</b>     |  |                    |  |
| <b>No of Memberships paid for</b>   |  | <b>Amount Paid</b> |  |
| <b>Date &amp; Method of Payment</b> |  |                    |  |
| <b>Payment Receipt No</b>           |  |                    |  |