

AUSTRALIAN HOOF CARE ASSOCIATION

Membership Application Form 1/7/08-30/06/09

Name:

Postal Address:

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State: Postcode:

Home Phone: Work Phone:

Mobile:

Email Address:

Website address:

Existing member renewal (please tick if you are an existing member)

Annual Membership Fees

Associate Member (and inaugural fee) \$40.00

- Benefits
- Receive a discount for AHCA approved clinics and seminars
 - Receive regular newsletters
 - Receive information generated from AHCA.

****Please make cheques payable to **Australian Hoof Care Association** and return to **1147 Wisemans Ferry Rd, Maroota NSW 2756**

DECLARATION- I hereby make application for membership to the Australian Hoof Care Association and agree to be bound by the rules and regulations of the association and all decisions of the committee.

Signature: Date:

I hereby enclose the membership fee of \$.....

New members to fill in this section:

Name:

Phone:

Please complete –

A brief description about yourself and your involvement with horses:

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Your occupation:

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Your hoof trimming experience and training:

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What do you hope to gain from AHCA?

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Please sign if you are happy for the following action to take place:

“I am happy for the information I have volunteered to be used in the AHCA Newsletter. I understand that the Editor will contact me and provide a draft for my approval, before publication occurs.”

Signature:

Date: