



**N.Z. Equestrian Pleasure Society Inc.**

PO Box 115

Otaki 5512

Email [nzequestrianpleasure@gmail.com](mailto:nzequestrianpleasure@gmail.com)

Website [www.nzequestrianpleasure.wordpress.com](http://www.nzequestrianpleasure.wordpress.com)

Facebook Page [www.facebook.com/groups/508803879256577](https://www.facebook.com/groups/508803879256577)

**G.S.T No. 116-082-012**

## APPLICATION FOR MEMBERSHIP

1 August 2021 to 31 July 2022

New Member  Existing Member

Name \_\_\_\_\_

Address \_\_\_\_\_

Town/City \_\_\_\_\_ Postcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Registered Pleasure Horses/Ponies (if any) \_\_\_\_\_

### Membership Fees:

Single Membership (for one person only annually) \$30.00

Non-Rider Annual (for one non-riding person annually) \$10.00

I would like to donate \$\_\_\_\_\_ to help with the establishment of The Society

### Payment:

Fees can be paid either directly by internet banking or cheque made out to NZEPS. If payment is made by internet banking please use your name as a reference. Your form can also be emailed to the address above. The account details are **NZ EQUESTRIAN PLEASURE SOCIETY INCORPORATED, ANZ 06-0730-0328163-00**

Total Amount: \_\_\_\_\_  Cheque enclosed  Internet Banked

### Conditions:

I agree to abide by the rules of the Society. I also allow the Society to use my contact details for the operation of the Society and may be made available to other members.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Full Name \_\_\_\_\_ (if under 17 years of age)

Signature of Parent \_\_\_\_\_

### Office Use:

Membership No. **EPSM** \_\_\_\_\_ Chq No. \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date \_\_\_\_\_