



PERFORMANCE PAINT HORSE ASSOCIATION of
TASMANIA INC

PLEASE PRINT CLEARLY

SURNAME: _____ FIRST NAME: _____

AGE (if YOUTH): _____ PHONE: _____ EMAIL: _____

POSTAL ADDRESS: _____

_____ P/CODE _____

DAY MEMBERSHIP - \$10.00

DECLARATION: I agree, if accepted, to abide by the Constitution and to conduct my day membership in accordance with the Rules & Regulations of the Performance Paint Horse Association of Tasmania Inc.

Cash /cheque/money order for: _____

SIGNED: _____ DATE: _____ / _____ / _____

PARENT/GUARDIAN (if under 18 years): _____

Day membership only covers the above person for the above date shown on this form. .

OFFICE USE ONLY:

Date received: _____ Receipt number: _____

Amount received: _____