

Membership Application 2024

ABHA Memb#		Name		D.O.B	Membership type		Amount
I					Total I	Due	\$
				_			
Address	S						
Phone				Mobile			
Email							
BSB				Account			
Account N	ame			No.			
	, ,	1.0					
			_	ve information is ations of the Austral	•		_
				pility for my actions		0130 / 1330	ciation and
I acknowledge	that I am on	ly a riding meml	ber if I am a fin	ancial member of th	ne Australian	Barrel Ho	orse Association.
I give permiss	sion for my o	letails to be rele	eased to anothe	er party if requeste	ed YES	/ NO (please circle)
Competitor Signature *Parent / guardian must sign for a junior (under 18)		ı			Date		
					1		
FEES	<u> </u>			2024 Date List			
Adult	: r (Under 18)	\$35 \$25		16 th & 17 th March 13 th & 14 th April		September October	
Famil	ly	\$65		19 th May		November	
Non-C	Competitive	\$5		18 th August 14 th & 15 th Octob	er		