

MEMBERSHIP APPLICATION **1<sup>ST</sup> JANUARY to 31<sup>ST</sup> DECEMBER, 2025**

**NEW MEMBERSHIP** or  **RENEWAL** (Please tick or circle your choice)

	Type of Membership	Full Year
?	<b><u>Single Membership :-</u></b> <i>For a person aged over 18 on 1<sup>st</sup> January of membership year; carries one voting right.</i>	\$35
?	<b><u>Family Membership :-</u></b> <i>1 or 2 adults plus any children aged under 18 on 1<sup>st</sup> January, and living at the same address. This carries two adult voting rights.</i>	\$55
?	<b><u>Junior Membership :-</u></b> <i>This is for a person aged under 18 on 1<sup>st</sup> January ( no voting rights).</i>	\$25
?	<b><u>Partnership Membership :-</u></b> <i>comprising two or more adults over the age of eighteen years, who jointly own a registered Arabian or Arabian Derivative as recorded with the Arabian Horse Society of Australia. A Partnership Membership shall have two voting rights</i>	\$55
Membership of SA Arabs Inc includes public liability insurance cover when attending any SA Arabs,		
<b>Total Payment</b>		

**CURRENT FINANCIAL MEMBERS ARE ENTITLED TO:**

- ☐ *Participation in all Society functions.*
- ☐ *Right to vote (except juniors) at General meetings and eligibility for election to the Management Committee and Associated Offices.*
- ☐ *Discounted fees at all SA Arabs Inc Events*

Name of Member No. 1

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Name of Member No. 2

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Postal Address:

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----- State: Postcode:

Phone Home

( )

Work ( )

Mobile:

Email Address

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Stud Name & Address

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**If accepted for membership, I agree to abide by the rules & regulations of Signature of Parent or Guardian if application is for a junior member SA ARABS Inc.**

Signature:

Date / /

Signature:

Date: / /

**Membership Payment Details: Payments to BENDIGO BANK**

**BSB: 633000 Account: 146398656**

**Please email your completed form along with bank transfer receipt to: [saarabsinc1971@gmail.com](mailto:saarabsinc1971@gmail.com)**

**Or post to PO Box 2063 Gawler SA 5118**