



OFFICE USE ONLY		
ISWHA Member # _____		
Competition Card # : _____		
Year: _____		

Application for ISWHA Corporate Membership Business/Farm

Name of Business or Farm	+ _____ Phone Landline	+ _____ Phone Mobile
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Full postal address	State/Country	Country
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E-mail _____	Website _____
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Surname	Given Names	+ _____ Date of Birth(dd/mm/yyyy)	Phone # (inc Country code e.g. +44-)
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Full postal address	State/Country	Country
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E-mail _____	
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Information for Membership Applications

- If your application is accepted, your name and address, as provided above, must be recorded in a register of members and be made available to other members, upon request, under section 27 of the Associations Incorporation Act. You are entitled to inspect and make a copy of the register of members under section 27 of the Associations Incorporation Act.
- If your application is accepted you are entitled to inspect and make a copy of the rules (constitution) of the association under section 28 of the Associations Incorporation Act. If your application for membership is rejected by the Committee: You may give notice of your intention to appeal within 14 days of being advised of the rejection (rule 5(4)). The Association in a general meeting, no later than the next annual general meeting, must confirm or set aside the decision of the Committee rejecting your application, after giving you a reasonable opportunity to be heard or to make written representations to the general meeting (rule 5(5)).
- You can access or correct personal information (your name and address) by contacting the Association. You can contact the Association at PO Box PO Box 65, Cranbrook. WA 6321 Australia or at www.spanishwarmblood.com. All Membership subscriptions run from January 1 to December 31.. All Membership subscriptions run from January 1 to December 31.

Enclosed Fees

_____ Annual Corporate Membership at \$100 per year	\$ _____
_____ 5 Year Corporate Membership at \$400	\$ _____

<input type="checkbox"/> New Applicant or <input type="checkbox"/> Membership Renewal for # _____
<input type="checkbox"/> Check here if you would like us to renew your annual membership automatically each year.

TOTAL \$ _____

Visa/Mastercard # _____ Exp _____

Card Holder's Name _____	For PayPal payments, please use contact.ISWHA@gmail.com
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Signature _____	Date _____	and attach a copy of the receipt.
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I certify that the information on this form is true and correct to the best of my knowledge. I understand and agree to the rules and regulations for membership and the _____ with the ISWHA.

Applicant's Signature

Date (DD/MM/YYYY)