

MEMBERSHIP APPLICATION FORM

I hereby wish to apply for the following membership: (Please tick) FULL BREEDING □ ASSOCIATE □ YOUTH □ OVERSEAS □ MR/MS/MISS: NAIT Number: Post Code: Phone: Mobile: ____ Email: a) I hereby agree to abide by the rules, regulations and by-laws of the NZ Beef Shorthorn Association (Inc) b) I consent to the above nomination and to the Association including my name and address in any published list, or providing my name and address as a member to third parties should the secretary so determine. Signed: Signed: Nominating Member New Member If **Full Membership** is applied for, the following should also be completed: I wish to apply to the New Zealand Beef Shorthorn Association (Inc) Council for the registration of a Herd Prefix, should my above membership nomination be acceptable. Listed below are three selected prefixes in order of preference: 1st Choice: 2nd Choice: 3rd Choice: **MEMBERSHIP FEES** Annual Subscription \$172.50 including GST Full Membership Annual Subscription \$34.50 including GST Associate/Commercial Overseas Annual Subscription \$115.00 including GST Youth Annual Subscription \$34.50 including GST If applying for Youth membership, please state date of birth:

Please return this completed form to: NZ Shorthorn Association 75 South Street, PO Box 503, Feilding 4740

Phone: 06 323 4484

Email: info@pbbnz.com Website: www.shorthorn.co.nz