

## MEMBERSHIP APPLICATION

OFFICE USE ONLY		
CORRECT / INCORRECT	UNDER / OVER PAID	\$

APPLICANT DETAILS		Please indicate your primar	ry discipline *			
FIRST NAME		Dressage	Endurance /	CTR		
LAST NAME	DATE OF BIRTH *	Eventing	Jumping/Sh	now Hunter		
Have you been a member of ESNZ before or Bulletin	Para-Equestrian					
No Yes - ESNZ Membership Number: #	DECLARATION *					
EMAIL*	"I hereby agree to abide by the general rules and regulations of Equestrian Sports  New Zealand Inc." For a full copy of these please refer to www.nzequestrian.org.nz  "I also agree to abide by the respective Discipline, show or area rules as applicable."					
PHONE (DAY)  ( )  ADDRESS *		SIGNED *		DATE / /		
	POSTCODE	Please complete if the rider is under 18 years "I hereby give my consent for the rider to compete as listed above."				
SIGNATURE OF PARENT / GUARDIAN						
* Compulsory fields – applications without these details wi	ll not be processed.					
ESNZ FEES						
Please indicate which products you applying for			Cost	Totals		
Membership card required: (Membership cards will not be sent unless requested) Yes No						
Bulletin Magazine Subscription (11 issues pe	er year)		\$75.00	\$		
Full Member			\$60.00	\$		
Full Member First Year (available to first-tim	e members only)		- [	FREE		
Community Member			- [	FREE		
Urgent application fee (if required within 48	hours)		\$20.00	\$		
PAYMENT OPTIONS		Membership Appl	ication Total \$			
Please indicate which payment option you will use						
Cheque	Credit Card 2.5% transaction fee applies					
Make cheques payable to: Equestrian Sports New Zea	ake cheques payable to: Equestrian Sports New Zealand					
Direct Credit  Use your member no First-time members p	lease use full name	CARD TYPE		EXPIRY DATE		
Account No.: 06 0645 0074840 04	DATE PAID  / /	CARD NUMBER				