APPALOOSA HORSE ASSOCIATION OF NEW ZEALAND

REPLACEMENT REGISTRATION CARD APPLICATION

1. NAME OF HORSE

2. REGISTRATION NUMBER

3. GENDER

☐ STALLION ☐ MARE ☐ GELDING

4. OWNER OF HORSE CONTACT DETAILS

NAME: ..... MEMBERSHIP NUMBER:

ADDRESS: .....

EMAIL ADDRESS:..... PHONE NUMBER: (0.....) .....

5. EXPLANATION FOR REQUESTING REPLACEMENT.

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6. DECLARATION

I, THE OWNER OF THE ABOVE NAMED HORSE, REQUEST REPLACEMENT OF THEIR REGISTRATION CARD.

THE INFORMATION I HAVE SUPPLIED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT

OWNERS SIGNATURE: ..... DATE

CHECKLIST

THIS APPLICATION MUST BE COMPLETED IN FULL BY THE REGISTERED OWNER OF THE HORSE AND ACCOMPANIED BY:

☐ REPLACE REGISTRATION CARD FEE OF $20.00

WHEN COMPLETED POST TO ApHANZ SECRETARY AT THE ADDRESS ON THE WEBSITE.
www.appaloosaassn.co.nz or email at: service@appaloosaassn.co.nz

Office Use Only	Date Received	Date Processed	Date Invoiced	Invoice Number	Date Paid	Member Number