



www.triplerequinewelfare.org

Not for Profit no. A0050043E

ABN: 82 630 337 425

I.....(full name)

of.....(address)

.....
Email

.....
Phone

wish to become a member of **Triple R Equine Welfare Inc.**

In the event of my admission as a member, I agree to be bound by the rules of the Association.

.....
Signature of Applicant

.....
Date

I,.....a member of the Association, nominate the applicant, who is personally known to me, for membership of the Association.

.....
Signature of Proposer

.....
Date

I,.....a member of the Association, second the nomination of the applicant, who is personally known to me, for membership of the Association.

.....
Signature of Seconder

.....
Date

Method of payment (*please circle*): Cheque / Cash / Direct Deposit / PayPal

Please return completed application to:

Eloise O'Doherty – The General Secretary
Triple R Equine Welfare Inc.
26 Old Kapunda Road
Nuriootpa SA 5355

Thank You!