



New Zealand Gypsy Cob Association  
**APPLICATION FOR MEMBERSHIP**  
**1 AUGUST 2019 - 31 JULY 2020**

**Membership type:** Please tick appropriate

Adult	Family	Youth	Life
Single	Up to two adults and 3 youths	Under 17 at 1 August 2019	Single Adult
\$35	\$55	\$15	\$350

**Applicant Names:** Please provide all names of applicants and dates of birth for youth members

Name	Date of Birth (youth only)

**Contact Details:-**

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** Home \_\_\_\_\_ Mobile \_\_\_\_\_

**Email:** \_\_\_\_\_

**Stud name:** \_\_\_\_\_

**Membership declaration:**

By paying this membership subscription I have given consent in accordance with the NZ Privacy Act 1993 to the collection of the above details by the NZGCA, for the purpose of membership/competitor records and for the NZGCA to retain, use and disclose this information to Organizing Committees, Funding Agencies, Sponsors and other agencies as required. I also agree to my bio data and show results/ records being used by the NZGCA for publicity purposes. I acknowledge my right to access and correct this information. I agree to comply with and be bound by the Rules, Regulations, By-laws and Constitution of the New Zealand Gypsy Cob Association. I declare that all the information of this application is true and correct.

**Signed:**

**Date:**

Direct credit/on-line payment to 03 1568 0431270 00 Please record your name and reason for payment. Make cheques payable to: New Zealand Gypsy Cob Association. Please send membership form and cheques to: Tracy Wilde, 2265b Kakarama Road, RD 10, Hamilton 3290