



# The Australian Brumby Alliance Inc.

## Membership Form

ABN: 90784718191

1/We \_\_\_\_\_

(Individual or Group *name + ABN*)

of \_\_\_\_\_

(*address*)

Would like to apply for membership to the Australian Brumby Alliance.

**MEMBERSHIP Category:**

INCORPORATED Member

NON-INCORPORATED Member

Other Member

**CONTACT Details:** Name: \_\_\_\_\_

Position within the organisation (if a group membership): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We have read and agree to be bound by the rules of the Association and desire to become a **member** of The Australian Brumby Alliance Inc.

**RETURN to the ABA:** [membership@australianbrumbyalliance.org.au](mailto:membership@australianbrumbyalliance.org.au) or PO Box 3276, Victoria Gardens Richmond, Vic 3121

I, \_\_\_\_\_ (*name*) a current member of the ABA nominate the above mentioned for membership to the ABA.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ (*name*) a current member of the ABA second the nomination of the above mentioned for membership to the ABA.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MEMBERSHIP APPROVED / DENIED

DATE