

**Amateur and Select Amateur Permit Application \$30 pa**

You must have a financial Full, Discount Full, Life (in your name only) or Honorary Life (in your name only) to apply for an Amateur/Select Amateur Permit.

Membership Name: ..... Membership #: .....

**Select Amateur YES Please circle**

For those Amateurs who have turned 50 years of age and wish to compete in the Select Amateur classes, we will require proof of your date of birth by sending in a copy of either your driver's licence or birth Certificate.

**Please note the following:** You cannot show in Amateur/Select classes until such time as your application is successful and be processed.

**Amateur Division:** I hereby give permission for my email address to be supplied to the Amateur Division for the purpose of receiving relevant information from the Amateur Division on amateur activities within my State.

**YES** you can release my email address    OR     **NO** do not release my email address

**Declaration:** I hereby declare that I have not in the previous 3 years from the date of this application for my Permit, received remuneration or compensation for: Showing or training any horse or instructed any other person in riding, driving or exhibiting. I also verify that the horse/s shown by me in any class is/are legitimately owned by me or my immediate family and is evidenced by records of the AQHA.

By applying for an Amateur/Select Permit, I agree to comply with the AQHA's Rules & Regulations as contained in the current AQHA Rule Book, and as they may be amended from time to time. See current Rule book.

I also acknowledge that the information I supply as proof of age for a Select Amateur Permit, is true and correct.

Name: ..... Signature: .....

**DIRECT DEPOSIT**    BSB: 032 621    Account: 119369    Reference to be your AQHA membership #

**CHEQUE:** Made payable to AQHA and posted to PO Box 979 Tamworth 2340

**Name on Credit Card:** ..... **Amount:** .....

**Card #:** ...../...../...../..... **Expiry Date:** ...../..... **Mastercard or Visa Card only**

I hereby authorise the AQHA to deduct the above amount plus applicable surcharge from my credit card

**Signature of card holder:** ..... **Date:** .....