AUSTRALIAN EQUINE BAREFOOT MOVEMENT (AEBM) INC
ABN 46 328 714 205

APPLICATION FOR MEMBERSHIP RENEWAL

Name: Mr/Mrs/Miss/Ms/Other Surname:

Given Names:

Address:

Post Code:

AH Phone: BH Phone:

Date of Birth: Mobile:

Email:

I wish to renew my membership of the Australian Equine Barefoot Movement Inc. and agree to continue to be bound by the spirit of the Mission Statement and the rules of the Constitution of the Organisation. I understand that, subject to Rule 7(1) of the Constitution, my membership may be suspended or revoked if I am deemed by the Committee to have conducted myself in a way that is unbecoming or prejudicial to the interests of the AEBM Inc.

Please update your background information for our files.

I would like to receive my newsletter by Email Mail Other (circle or underline)

Signature of Applicant: / /20 .

Complete this form and send it plus AU$25.00 (Cheque or Money Order) to:
AEBM Inc
AEBM Inc
C/- Deb Collins, Treasurer
11 Rubens Court
GROVEDALE VIC 3216

Or Direct Deposit:
BSB: 013 757
Acc: 1104 76077
Name: AEBM Inc
E-mail: admin@aebm.org.au