

MEMBERSHIP FORM

PHHVV is a non-profit organisation committed to providing hope for equines through education, rehabilitation and advocacy.

MEMBERSHIP DETAILS

Name:		
Business/Club or Property Name (if relevant):		
Street Address:		
Postal Address (if different):		
Suburb/Town:	State:	Postcode:
Mobile Number:	Other Number:	
Email Address:		

MEMBERSHIP PAYMENTS & DONATIONS

Annual Membership Fee:	<input type="checkbox"/> \$50.00	<input type="checkbox"/> I have included a donation of \$
Enclosed is a cheque/money order payable to Project Hope Horse Welfare Victoria Inc.		for \$
OR please charge my:	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
		for \$
Card Number:	CVV:	Expiry Date: /
Full Name on Card:		
Card Holder's Signature:		
OR Direct Deposit: BSB: 033 624 Account: 190675 (please include Name & Address on Deposit Slip)		for \$

MEMBERSHIP AGREEMENT

I hereby apply for 12 months membership of Project Hope Horse Welfare Victoria Inc. I confirm that I have never been convicted of an offence under the Prevention of Cruelty to Animals Act.		<input type="checkbox"/>
I am willing for my name, email and postal address to be disclosed to other members in the Register of Members and in contact regarding PHHVV volunteer tasks.		<input type="checkbox"/>
Signed:	Date: / /	
Member or Parent/Guardian Signature (if under 18 years):		

If you would like to help with any of the following activities, we would love to hear from you:

- | | |
|---|--|
| <input type="checkbox"/> Provide short-term care | <input type="checkbox"/> Provide writing/graphic design skills |
| <input type="checkbox"/> Provide a long-term home | <input type="checkbox"/> Please call me as I'd like more information |
| <input type="checkbox"/> Become a trained Horse Reports Rep | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> Provide horse transport | _____ |
| <input type="checkbox"/> Work at a Project Hope event stall | _____ |
| <input type="checkbox"/> Provide admin assistance | _____ |

Email to: Members@phhvv.org.au – or Mail to: GPO Box 1991, Melbourne VIC 3001

BECOME A MEMBER TODAY!