

MEMBERSHIP FORM

I, Participant code:.....
(please state Mr, Mrs or Miss) (IN BLOCK LETTERS)

of

.....

DATE OF BIRTH (for junior member applicants only)/...../.....

TELEPHONE NUMBER: (.....).....

I am desirous of becoming a member of the New Zealand Ayrshire Association (Inc.) and hereby agree to conform to the Rules and Regulations of the Association until the termination of the year in which I shall withdraw from it by Notice in Writing to the Secretary.

PREFIX - First Choice

Second Choice

Third Choice.....

Three choices are requested for a Prefix in case a single selection is already registered. It is also recommended to chose a Prefix that is not too long as the restriction in naming stock is **24 letters and spaces.**

MEMBERSHIP

MEMBERSHIP TYPE @ \$.....

Signed

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Please send your application with payment to:

The Board Secretary,
Ayrshire New Zealand
595 Ruakura Rd, R D 6
Hamilton 3286