

Equestrian Australia

2015 NT Affiliate Application Form

This Form becomes a Tax Invoice on payment. Please copy for your records. (Branch ABN 96 435 295 476)

EA Number	ORGANISATION NAME

LOCATION OF GROUNDS USED BY THE ORGANISATION

POSTAL ADDRESS

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SUBURB

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POST CODE

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WEBSITE

--	--	--	--

Phone: _____ Mobile: _____

Email: _____

Website: _____

PRESIDENT'S NAME

--	--	--	--

ADDRESS

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SUBURB

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POST CODE

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Phone: _____ Mobile: _____

Email: _____

TREASURER'S NAME

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ADDRESS

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SUBURB

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POST CODE

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Phone: _____ Mobile: _____

Email: _____

SECRETARY'S NAME

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ADDRESS

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SUBURB

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POST CODE

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Phone: _____ Mobile: _____

Email: _____

