

AFFILIATE NAME:

AFFILIATE SECRETARY'S NAME:.....

MEMBERSHIP NUMBER:.....

POSTAL ADDRESS:.....

STATE:..... POST CODE:.....

PHONE:..... ORDER DATE:

EMAIL:.....

PLACINGS	QTY	PRICE	TOTAL
1 ST - Blue		\$1.50 - each	
2 nd - Red		\$1.50 - each	
3 rd - Yellow		\$1.50 - each	
4 th - White		\$1.50 - each	
5 th - Pink		\$1.50 - each	
6 th - Green		\$1.50 - each	
Champion		\$10.00 - each	
Reserve		\$10.00 - each	
ALL ORDERS ARE PLUS POSTAGE		TOTAL	\$

DIRECT DEPOSIT: WESTPAC BSB: 032 621 Account: 119369 Reference: AQHA M/Ship #

CHEQUE: to be made payable to AQHA and posted to PO Box 979, Tamworth 2340.

CREDIT CARD Mastercard/Visa only

Name on Credit Card: Amount: \$.....

Card No:...../...../...../..... Expiry Date:/.....

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

Signature of Card Holder: Date: