## SOUTH AFRICAN WARMBLOOD HORSE SOCIETY



PO BOX 32847 KYALAMI 1684 SOUTH AFRICA TEL (+27) (0) 61 445 4646 E – MAIL office@sawhs.co.za & accounts@sawhs.co.za WEBSITE www.sawarmbloodhorses.com

# **BREEDER MEMERSHIP FORM**

NITIALS: ///_ (NAME)			
URNAME:			
	//////////////		
<b>ID. NUMBER:</b> /////			
JOB DESCRIPTION			
ADDRESS OF APPLICANT:			
///////////_	_////		
//_////////////			
POSTAL CODE: ////			
ELEPHONE NUMBER: CELL 1:	CELL 2		
E-MAIL ADDRESS 1:			
-MAIL ADDRESS 2:			
ARTICIPATION REQUIRED AS FROM			
D D M M Y Y			
TYPE OF PARTICIPATION:			
/1/ INDIVIDUAL PARTICIPANT			
/2/ PARTNERSHIP:*	* Number of partners: //_/		
/3/ COMPANY *			

## SOUTH AFRICAN WARMBLOOD HORSE SOCIETY



PO BOX 32847 KYALAMI 1684 SOUTH AFRICA TEL (+27) (0) 61 445 4646 E – MAIL office@sawhs.co.za & accounts@sawhs.co.za

WEBSITE www.sawarmbloodhorses.com

Were you formerly or are you breed?	currently a member	of any Breeder's Society v	with regard to the same or any other
<b>YES</b> //	NO /	_/	
If YES, state the name of th	e Breeders' Society be	elow as well as your partic	pant number, if available:
BREED SOCIETY:			
NUMBER:			
YOUR STUD NAME WITI	H THEM		
	STUI	D PARTICULAR:	S
FARM/ PROPERTY N	AME:		
////	_///	///	
TOWN OR CITY NEARES	ST TO YOUR PRO	PERTY:	
/////		///	
GPS CO-ORDINATES	(if available):		
	(=		
MY/OUR CHOICE FOR A	STIID NAME (PI	DEFIY) IS:	
(Please supply FOUR (2			
PREFIX			
A) ///		////	
B) ////	///	//////	<u>//</u> /
C) ////	<i></i>	//////	<i></i>
D) ////	/////	////	
I agree to observe and be bound Society	by the Constitution an	d rules, regulations and By	e-laws of the SA Warmblood Horse
·	this _	day of	20
		-	

Signature of Applicant or authorised person

## SOUTH AFRICAN WARMBLOOD HORSE SOCIETY



PO BOX 32847 KYALAMI 1684 SOUTH AFRICA TEL (+27) (0) 61 445 4646
E - MAIL office@sawhs.co.za & accounts@sawhs.co.za
WEBSITE www.sawarmbloodhorses.com

#### LIST OF WARMBLOOD HORSES ALREADY IN YOUR POSSESION.

Full Stud Name	Sex	Date of Birth	SIRE	DAM