



EST. 1989

# SAWHS

SOUTH AFRICAN WARMBLOOD HORSE SOCIETY

TEL (+27) (0) 61 445 4646  
E – MAIL [office@sawhs.co.za](mailto:office@sawhs.co.za) &  
[frances@sawhs.co.za](mailto:frances@sawhs.co.za)  
WEBSITE [www.sawarmbloodhorses.com](http://www.sawarmbloodhorses.com)

## ORDINARY MEMBERSHIP FORM

I/WE, **TITLE:** (indicate PROF., DR., MR., MRS., MISS., etc.) \_\_\_\_\_

**INITIALS:** \_\_\_\_\_ (NAME) \_\_\_\_\_

**SURNAME:** \_\_\_\_\_

**ID. NUMBER:** \_\_\_\_\_

**JOB DESCRIPTION** \_\_\_\_\_

**ADDRESS OF APPLICANT:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_

**TELEPHONE NUMBER: CELL 1:** \_\_\_\_\_ **CELL 2** \_\_\_\_\_

**E-MAIL ADDRESS 1:** \_\_\_\_\_@\_\_\_\_\_

**E-MAIL ADDRESS 2:** \_\_\_\_\_@\_\_\_\_\_

**PARTICIPATION REQUIRED AS FROM**

**D D M M Y Y**

/ / / / / / / / / / / / / / / /

**TYPE OF PARTICIPATION:**

/1/ INDIVIDUAL PARTICIPANT

/2/ PARTNERSHIP:\* Number of partners: / / /

/3/ COMPANY \*

Registration no.: /





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WEBSITE [www.sawarmbloodhorses.com](http://www.sawarmbloodhorses.com)

I agree to observe and be bound by the Constitution and rules, regulations and Bye-laws of the SA Warmblood Horse Society

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant or authorised person

### LIST OF WARBLOOD HORSES ALREADY IN YOUR POSSESSION.

Full Stud Name	Sex	Date of Birth	SIRE	DAM

