

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

## **BREEDER MEMERSHIP FORM**

I/WE, TITI	LE: (indicate PROF., DR., MR., MR	S., MISS., etc.)	
INITIALS:	(NAME)		
SURNAME:			
ID. NUMBEI	R:		
JOB DESCR	IPTION		
	F APPLICANT:		
POSTAL COD	DE:		
TELEPHONE	NUMBER: CELL 1:	CELL 2	·
E-MAIL ADD	RESS 1:		
E-MAIL ADD	RESS 2:		
	ION REQUIRED AS FROM M Y Y		
// /			
TYPE OF PA	ARTICIPATION:		
<u>/ 1 /</u>	INDIVIDUAL PARTICIPAN	NT	
<u>/ 2 /</u>	PARTNERSHIP:*	Number of partners:	///
<u>/ 3 /</u>	COMPANY *		
Registr	ation no.: / / / / /	/ / / / / / /	/ / / / / / /







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Were you formerly or are you currently a member of any Breeder's Society with regard to the same or any oth breed?  YES	XCV		1 6	D 1 2 . C	1 4 . 41
If YES, state the name of the Breeders' Society below as well as your participant number, if available:  BREED SOCIETY:		or are you currently a m	iember of any	Breeder's Society with rega	ard to the same or any othe
BREED SOCIETY:	YES	NO			
NUMBER:  YOUR STUD NAME WITH THEM  STUD PARTICULARS  FARM/ PROPERTY NAME:  TOWN OR CITY NEAREST TO YOUR PROPERTY:  GPS CO-ORDINATES (if available):  MY/OUR CHOICE FOR A STUD NAME (PREFIX) IS: (Please supply at least THREE (3) combinations in order of preference.)  PREFIX  A)  B)  C)  D)  I agree to observe and be bound by the Constitution and rules, regulations and Bye-laws of the SA Warmblood Horse Society	If YES, state the	e name of the Breeders' So	ociety below a	s well as your participant nur	nber, if available:
NUMBER:  YOUR STUD NAME WITH THEM  STUD PARTICULARS  FARM/ PROPERTY NAME:  TOWN OR CITY NEAREST TO YOUR PROPERTY:  GPS CO-ORDINATES (if available):  MY/OUR CHOICE FOR A STUD NAME (PREFIX) IS: (Please supply at least THREE (3) combinations in order of preference.)  PREFIX  A)  B)  C)  D)  I agree to observe and be bound by the Constitution and rules, regulations and Bye-laws of the SA Warmblood Horse Society	RRFFD SOC	IETV.			
STUD PARTICULARS  FARM/ PROPERTY NAME:  TOWN OR CITY NEAREST TO YOUR PROPERTY:  GPS CO-ORDINATES (if available):  MY/OUR CHOICE FOR A STUD NAME (PREFIX) IS: (Please supply at least THREE (3) combinations in order of preference.)  PREFIX  A)  B)  C)  C)  D)  I agree to observe and be bound by the Constitution and rules, regulations and Bye-laws of the SA Warmblood Horse Society	BREED SOC	IE11			
STUD PARTICULARS  FARM/ PROPERTY NAME:	NUMBER:				
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(Please supply at least THREE (3) combinations in order of preference.)  PREFIX  A)					
A)					
B)	PREFIX				
C) D) I agree to observe and be bound by the Constitution and rules, regulations and Bye-laws of the SA Warmblood Horse Society	A)				
C) D) I agree to observe and be bound by the Constitution and rules, regulations and Bye-laws of the SA Warmblood Horse Society	B)				
D)  I agree to observe and be bound by the Constitution and rules, regulations and Bye-laws of the SA Warmblood Horse Society					
I agree to observe and be bound by the Constitution and rules, regulations and Bye-laws of the SA Warmblood Horse Society					
Society	D)				
Signed atthisday of20		d be bound by the Constit	ution and rules	, regulations and Bye-laws of	the SA Warmblood Horse
	Signed at		this	day of	20







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Signature of Applicant or authorised person

## LIST OF WARMBLOOD HORSES ALREADY IN YOUR POSSESION.

Full Stud Name	Sex	Date of Birth	SIRE	DAM



