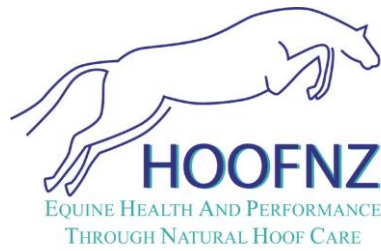


Hoofcare Organisation Of New Zealand



www.hoofnz.org.nz

Application Form for Membership

Name.....
Company.....
Postal address.....
.....Postcode.....
Phone Mobile.....
Email.....

A brief description of your involvement with horses:

How did you hear about us?

Tell us what information you would like from HOOFNZ:

Email newsletter - free
Please tick one
Additional comments:

Signature

Date

Please enclose your cheque for \$30 incl. GST, made payable to HOOFNZ and post to:
Kathleen Young, Administrator
HOOFNZ
P.O. Box 69
Opotiki 3162