



MEMBERSHIP APPLICATION FORM

NATIONAL ACADEMY/ SCHOOL DETAILS

Name of the National Academy/ School:	
Address:	
Authorized Representative	
Authorized Representative's Address:	
Mobile Number:	
Email address:	
Additional Information:	If you are not a national academy in a given country and If you have any specific program and or research material of interest to IFHRA and its Objectives please indicate them herein.

AGREEMENT and SIGNATURE

I Confirm and Understand that:

- I am a duly representative of an organized Horse Racing Academy in (Insert the name of the Country)
- The (Insert the name of the National Academy/School) is dully incorporated under the laws of (Insert the name of the Country).
- All information supplied is true and correct
- If any of the supplied information is False or Misleading, or if anything is done that is deemed to be not in the best interests of IFHRA that my membership can be terminated
- By signing this document, the (Insert the name of the National Academy/School) agrees to abide by the conditions of membership as laid out in IFHRA's Statutes.

SIGNATURE:	
DATE:	

**** THANK YOU FOR COMPLETING THIS APPLICATION FORM AND YOUR INTEREST IN BECOMING A MEMBER OF IFHRA ****

IFHRA Administration use only:	
Date Application received by IFHRA Secretary:	
Date of General Assembly Vote on the Application/	
Date of Chairman's Approval on Provisional Membership	
Misc:	