

ASHS Meeting Attendance Registration Form

BRANCH NAME: _____

DATE: _____ LOCATION: _____

	NAME - (One name per line)	ASHS MEMBER	FINANCIAL with ASHS	Address Details	Email
		NUMBER			
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
14.					

PLEASE RETURN THIS LIST TO HEAD OFFICE WHEN SUBMITTING YOUR BRANCH ANNUAL RETURN.

Updated May 2020

** PLEASE COMPLETE AND ATTACH TO YOUR ANNUAL RETURN DOCUMENTS **



ASHS Branch AGM Cover Page & Checklist

Australian Stock Horse

BRANCH NAME:		ABN:
DATE:	_ LOCATION:	FINANCIAL YEAR

Please √

	Meeting Registration Form completed				
	Minutes of the AGM				
	Financial Statements				
	Copy of Annual Return or Equivalent – NSW/QLD Form 12, VIC Form 9, Other Stats – check with the Department of Fair Trading/Consumer Affair Regarding form to send.				
	Current Branch ABN on all documents submitted				
	cutive Committee for the Full Financial Year ull names and membership numbers)	of the Branch			
Position	Full Name	Member #			
President					
Vice President					
Secretary					
Treasurer					
Public Officer					
Other Member					
Other Member					

Other Member		
State Manage	ment Council Represent	atives (2 only Per Branch)
1.	Name	MS #
2.	Name	MS #
Branch reque	est for ribbons (tick if applic	able)
Yes or No (Pls circle one)	The Branch requires 10 x Green & Gold Ribbons once AR finalised	

Branch Banking details for Electronic Funds Transfer

Bank:	Account name:
BSB No:	Account No:
Email Address: (for Remittance Advic	e):

Annual Returns should be returned as soon as possible after the Branch AGM to:

 Post:
 PO BOX 288, Scone, NSW, 2337

 Fax:
 02 6545 2165

 Email:
 info@ashs.com.au