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# UPDATE OF DETAILS FORM

YOUR DETAILS	
Name (as per current membership):	Membership No.:
Signed:	Date:

**\*\*PLEASE AMEND ONLY THE APPLICABLE SECTION(S) BELOW\*\***

CHANGE OF NAME			
Previous Name	Title:	First Name:	Surname:
New Name	Title:	First Name:	Surname:

CHANGE OF ADDRESS		
Previous Address:	State:	P/C:
New Address:	State:	P/C:

NEW CONTACT DETAILS		
Phone	Landline:	Mobile:
Email:		

HORSE DETAILS	
Name:	AFWHS Rego Number:

ADVICE OF DEATH OF HORSE	
Date of Death:	

ADVICE OF GELDING OF HORSE		
Date of Gelding:	Vet/Specialist:	

UPDATE HORSE IDENTIFICATION			
Microchipping	Number:	Date:	
Branding	Near Side:	Offside:	Date:

The Society also use this information to keep in touch with our members throughout the year. Please ensure the accuracy of updated details, with clear and legible hand writing. The Society also uses these details to keep an accurate register of horses and members.

OFFICE USE ONLY			
Date Received:	Date Updated:	by:	Signed: