australian
natural horsemanship
study centre

APPLICATION FOR MEMBERSHIP AS AN INSTRUCTOR

Name _____

Address _____

_____

_____ Postcode _____

Phone (Business Hours) _____ Phone (After Hours) _____

Mobile _____ Email _____

Signature _____ Date _____

1st horse to Certificate Four Date Completed _____

2nd horse to Certificate Four Date Completed _____

3rd horse from 3rd ride to Certificate Four Date Completed _____

Time spent with an Australian Natural Horsemanship Instructor from the date of application
(Must be at least 48hrs in a 12 month period)

Date	***Hours***	***Instructor***	***Instructor's Signature***

Send completed form to

Australian Natural Horsemanship Study Centre, Instructor Program, PO Box 99, Esk Qld 4312