

## The Australian Stock Horse Society Limited ASHS YOUTH PATHWAYS PROGRAM - 2024

ashs.com.au ABN: 35 001 440 437

## EXPRESSION OF INTEREST

**AIM:** The ASHS Youth Pathways Program has been introduced to nurture and support young ASHS Members through their journey into leadership, further education and the workforce.

Following the success of the 2023 Program the ASHS is pleased to be calling for EOI from all current Financial Members of the ASHS aged between 16 and 24 who are looking to take part in this innovative and rewarding program in 2024.

Please complete and submit the Expression of Interest to your local ASHS Branch by: 20 November 2023.

If you are allocated to an inactive Branch please send your EOI directly to Head Office: info@ashs.com.au

For further information please visit: <a href="https://www.ashs.com.au/youth-youth-development-programs/ashs-youth-pathways-program/">https://www.ashs.com.au/youth-youth-development-programs/ashs-youth-pathways-program/</a>

If you have any questions in regards to the program please do not hesitate to contact the Member Services Department at Head Office on 02 6545 1122.

## **Your Contact Details**

I am interested in representing the ASHS and being part of the ASHS Youth Pathways Program.	
First Name	Surname
Email Address	ASHS Membership Number
Town/State/Postcode	ASHS Branch you are a Member of
Please provide a brief description of your association with Australian Stock Horses	

Please give a brief description of your association with your local ASHS Branch or Management Council
Diagon provide a brief description of any leadership positions you have had or have undertaken
Please provide a brief description of any leadership positions you have had or have undertaken
Please supply a brief profile of your personal, educational, sporting, community, work related achievements or goals
Please include an additional sheet if the space provided is insufficient.
For ASHS Members under 18 years please provide the name of your parent or guardian below.
Name of Parent or Guardian:
I give permission for the above details to be sent to the relevant ASHS Branch, Management Council and the Head Office of the ASHS.
Signature Parent or Guardian:
Date: