COLLIE WESTERN RIDING ASSOCIATION INC.

Membership Form

Payment Due 1st August.

Surname: _____First Name:_____

Date of Birth_____/_____/_____ Contact Number: _____

Email Address: _____

Address: _____

I hereby make application for:

Please Tick	**Membership Type**	Amount
	Youth Membership (18 years and below)	$90.00
	Single Membership (19 & older)	$120.00
	Family Membership Consists of 2 adults 3 children (5 Years to 18 Years)	$250.00
	Non Riding Social Membership	$50.00

Membership fees include a levy for Public Liability Insurance

Family Membership Names

Adult One Full Name:_____DOB_____/_____/_____

Adult Two Full Name:_____DOB_____/_____/_____

Child One Full Name:_____DOB_____/_____/_____

Child Two Full Name:_____DOB_____/_____/_____

	Please Tick if you ***do not*** consent to my photo being used in the newsletter, Facebook or any other promotional material related to the club
	Please tick this box if you want your ***newsletter by email***.

Payment Options Please Tick	
	<u>Direct Deposit</u> **Collie Western Riding Association Inc. BSB 633-000 Account 118311067**
	<u>Postage</u> **Collie Western Riding Association / Treasurer Jillian Hunter** **33 Mirasole Rd Cookernup, WA. 6219**
Completed Forms can be submitted by Please Tick	
	Submit in person to the Treasurer
	Email to colliewesternriding@gmail.com
	Post to Collie Western Riding Association Treasurer Jillian Hunter, 33 Mirasole Rd, Cookernup WA 6219

**** Membership is not valid until the insurance <u>Disclaimer Statement</u> is presented to the Treasurer with <u>payment</u>.****

Signature: _____

Parent or guardian to sign for 18y.o. and younger

I hereby agree to abide by the Club Rules and Code of Conduct Signed:_____