



Membership Form

Payment Due 1st August.

First Name: _____ Surname: _____

Date of Birth ____/____/____ Contact Number: _____

Email Address: _____

Address: _____

I hereby make application for:

Please Tick	Membership Type	Amount
<input type="checkbox"/>	Youth Membership (18 years and below)	\$90.00
<input type="checkbox"/>	Single Membership (19 & older)	\$120.00
<input type="checkbox"/>	Family Membership Consists of 2 adults 3 children (5 Years to 18 Years)	\$250.00
<input type="checkbox"/>	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 ____/____/____

<input type="checkbox"/>	Please Tick if you <u>do not</u> consent to my photo being used in the newsletter, Facebook or any other promotional material related to the club
<input type="checkbox"/>	Please tick this box if you want your <u>newsletter by email.</u>
Payment	
<input type="checkbox"/>	<u>Direct Deposit</u> Collie Western Riding Association Inc. BSB 633-000 Account 118311067
Completed Forms can be submitted by Please Tick	
<input type="checkbox"/>	Submitting in person to the Secretary
<input type="checkbox"/>	Emailed to colliewesternriding@gmail.com
<input type="checkbox"/>	Posting to Collie Western Riding Association Secretary Vetty Bailey Po Box 601 Collie WA 6225

**** Membership is not valid until the insurance Disclaimer Statement is presented to the Secretary and payment is received. ****

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: _____