ASSOCIATION INC.

Membership Form

Payment Due 1st August.

Surname:		First	Name:		
Date of Birth_	////	Contact Number:			
Email Address	:				
Address:					
hereby make	application for:				
Please Tick	Membership Type	ership Type		Amount	
	Youth Membership (18 years and below)			\$70.00
	Single Membership	mbership (19 & older)		\$90.00	
	Family Membership	,			\$200.00
	Consists of 2 adults	of 2 adults 3 children (5 Years to 18 Years)			
	Non Riding Social M	lembership			\$50.00
	Membership	fees include a levy for Pu	blic Liability Insurar	nce	
	ership Names		202	,	,
					/
Adult Two Full Name:			DOB	/	/
Child One Full Name:		DOB	/	/	
Child Two Full Name:		DOB	/		
	Please Tick if you <u>do n</u>	not consent to my photo be	ing used in the new	sletter,	Facebook or any
	other promotional material related to the club				
1	Please tick this box if y	ou want your <i>newsletter L</i>	y email.		
Payment C	Options Please Tick				
<u> </u>	Direct Deposit				
	Collie Western Riding Association Inc. BSB 633-000 Account 118311067				
	<u>Postage</u>				
	Collie Western Riding Association / Treasurer Chrystine Whiteaker				
	189 Palmer Road, Colli	ie WA 6225			
Completed	Forms can be submit	ted by Please Tick			
	Submitting in person to the Treasurer				
	Emailed to colliewesternriding@gmail.com				
	Posting to Collie Western Riding Association Treasurer Chrystine Whiteaker 189 Palmer				
	Road, Collie WA 6225				
** Membershi payment.** Signature:	p is not valid until the	e insurance <u>Disclaimer S</u>	atement are prese	ented to	the Treasurer wi
	Paren	t or guardian to sign for 18	y.o. and younger		
l la aveler					
i nereby agre	e to abide by the Club	Rules and Code of Condu	ct Signed:		

Document: CWRA Inc. Membership Form24.docx

Revised: 21 July 2024