



ALBANY ADULT RIDING CLUB INC MEMBERSHIP FORM



Name: _____

Address: _____ Postcode _____

Phone (home) _____ Mobile: _____

Email address: _____

EMERGENCY CONTACT DETAILS

Emergency Contact Name: _____

Emergency Phone numbers: (H) _____ (w) _____ (M) _____

Riders Allergies & Medical Conditions: _____

Other information needed in the case of an Emergency: _____

***** THE ABOVE INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE AND BE USED ONLY IN AN EMERGENCY . *****

Your comments - any suggestions / ideas that you would like to see at your Club... _____

COST OF MEMBERSHIP: \$100 for year

Method of Payment: Cash EFT Chq

Completed forms and payment can be emailed to albanyadultridingclub@gmail.com or posted to P.O. Box 5075, Albany WA 6332

Please make cheques payable to 'Albany Adult Riding Club Inc'

OR Payment via direct deposit to National Bank: BSB-086518 ACC-414429819—please add your surname as reference.

Please tick if....

you are joining to use the 'grounds only' you are interested in a weekly riding/social group

you have a current First Aid Certificate

you have a current EA membership: _____ Membership number

Enquiries: Secretary—Fiona Holden, ph: 0898 446119

Email: albanyadultriding@gmail.com

SIGNED _____ **DATE** _____