



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 albanyaltridingclub@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

Email: albanyaltriding@gmail.com

SIGNED DATE