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 .

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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 ☐

Completed forms and payment can be emailed to admin@albanyadultridingclub.com

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: admin@albanyadultridingclub.com

SIGNED_____ **DATE** _____