

MEMBERSHIP APPLICATION FORM

MEMBER INFORMATION

Full Name: _____

Contact Number: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ Postcode: _____

E-Mail Address: _____

EMERGENCY CONTACT INFORMATION (MUST BE PROVIDED)

Full Name: _____

Contact Number: _____ Relationship to You: _____

Mobile: _____ Phone: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ Postcode: _____

E-NEWSLETTER & PHOTO PERMISSION

To receive our newsletter via email, please ensure you must provide us a current and correct e-mail address. From time to time we may provide your email address as part of sponsorship agreements.

Please tick if you do **NOT** want your email disclosed to a third party.

Photographers may be present at our events if you **DO NOT** wish your photo's to be included in social media or the website

MEMBERSHIP FEE – INCLUDES MEMBERSHIP OF ALL DIVISIONS – ADULT RIDERS

FULL MEMBERSHIP (Aged 14 & Over): Membership current to 31 December (Calendar Year) \$70.00

HALF YEARLY MEMBERSHIP: Membership is from July - December \$35.00

FAMILY MEMBERSHIP: Membership current to 31 December (Calendar Year) \$120.00

PAYMENT DETAILS

Account Name: **Murray Adult Riders Association Inc.** BSB: **633 000**

Reference Details: **'LAST NAME' & 'MEMBER'** Account Number: **150 174 795**

Email Forms To: **murrayadultriders@hotmail.com**

ACKNOWLEDGEMENT

I hereby apply for membership to Murray Riding Club Inc. and agree to abide by its rules and regulations and decisions of the executive committee. I have read, understood and signed the accompanying waiver that is attached with to my membership form. I understand and agree as part of my membership to Murray Riding Club Inc. that I will assist or provide a helper at any event I attend during the year.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian:* _____ Date: _____