



Membership Renewal/Application 2011/12
Year ending September 30, 2012

Name : _____
Address : _____
Postcode : _____
Email : _____
Phone : _____ Mobile : _____
HRCV # : _____

Membership Type (circle) FULL ASSOC FRIEND CASUAL

Referred by : _____ Phone : _____

Emergency Information

Contact : _____ Phone : _____
Doctor : _____ Phone : _____
Medicare : _____ Ambulance : _____
Priv. Health : _____
Allergies : _____
Other relevant health information : _____

Vet : _____
Phone : _____

Is it ok to send you information from our sponsors? YES NO

Special Bands (circle) PURPLE (Nervous Rider) ORANGE (Aggressive Horse)

I have read and understood the terms and conditions of membership that I received with this membership application and agree to abide by them at all times. I understand that should I not abide to any of the rules in place my membership may be terminated by the committee.

Membership is not valid until approved by the committee. Should the membership cap be reached before your application is received you will be placed on the waiting list and advised accordingly.

SIGNATURE : _____
FULL NAME : _____

Please see the attached sheet Membership Payment Form for costs of joining, additional items you can purchase and how to pay. Any questions please email admin@bunyipequestrianclub.com