



AUSTRALIAN TRAIL HORSE RIDERS ASSOCIATION

Club Membership Application - 2018

CLUB NAME **ALBANY NATURAL TRAILRIDERS INC**

SURNAME _____ Date of Birth _____

CHRISTIAN NAMES _____

ADDRESS _____ .Post Code _____

TELEPHONE: Home Work
Mobile Email

(please write legibly)

Adult \$..... Junior (Under 18 years) \$..... Social (non riding) \$.....

I hereby apply for membership/renewal of membership of the above mentioned Australian Trail Horse Riders Association (ATHRA) affiliated Club. I understand that as a member of the Club I am also a member of the ATHRA and that I am bound by the Rules & Regulations of the Club and the ATHRA Code of Conduct. I agree to abide by the Rules and Regulations of the Club and the ATHRA Code of Conduct and understand that my membership of the Club and ATHRA is conditional upon my signing the ATHRA Liability Waiver Form on joining or whenever renewing my membership.

I hold a current First Aid Certificate Yes No (Please circle)

APPLICANT'S SIGNATURE..... DATE

PARENT/GUARDIAN..... SIGNATURE DATE

(Please Print Details & Sign if Applicant is Under 18 years.)

Fee components for the year ending 31st December 2018 are as follows

ATHRA component	plus	Club Component	Total \$'s Payable
Adult rider \$100		\$.40.00.....	\$.140.00.....
Junior Rider \$40		\$.30.00.....	\$.70.00.....
Social Member (non riding) \$30		\$.10.00.....	\$.40.00.....

Please Note: \$27.00 of the Club component (riding members) is paid to the Albany Equestrian Centre and entitles members to use the AEC grounds privately at no cost and to hire the indoor and outdoor arenas at a reduced charge.

**Return completed application form to the Secretary: Albany Natural Trail Riders,
PO Box 1492, Albany, WA 6331. Payment can be made online to Bendigo Bank
BSB: 633 000 Account: 153338579**

EMERGENCY CONTACT

In an emergency
please call (Name)-.....-(Relationship)-.....
(ie husband,partner)-

Phone:

I agree that this information can be taken on rides for reference in case of accident or emergency.