

Baringhup Trail Riders Inc.

ABN: 29 253 501 184

**Membership Application 2019**

Please print & return completed forms and money to:

###### **Sharon Soldatos**

###### **Po Box 686**

###### **Castlemaine 3450**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surname** |  | | **ATHRA Number:**  (Leave blank if new mbr) | |
| **Christian Names** |  | | | |
| **Address** | **PC** | | | |
| **Date of Birth \* Mandatory** | dd/mm/yyyy | Principal ATHRA Club  If joining as Assoc MBR: | | |
| **Telephone** | **BH:** | **AH:** | | **MOB:** |
| **E Mail Address \*Mandatory** |  | | | |

**Please provide details of a BTR Member who is sponsoring your membership application.**

**Name & address:**

|  |  |
| --- | --- |
| **Emergency Contact** | **Name: Ph:** |
| **Allergies** |  |
| **Serious Health Conditions** |  |
| **Ambulance Number** |  |
| **Medicare Number** |  |

**Please Tick One**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ATHRA Membership**  **(Insurance Levy only)** | **Senior:**  **Junior: (5-17yo)** | **$100.00**  **$40.00** |
|  | **BTR Club Membership** | **All Ages** | **$25.00** |
|  | **Volunteer/Non-Rider** | **All Ages ($30 Ins +$25 Club)** | **$55.00** |
|  | **Associate Member**  (already ATHRA Insured) | **All Ages (Club Mbrship only)**  **Family Assoc Mbrship** | **$25.00**  **$35.00** |
|  | **Family Membership** | For more than 2 members from the same family | **$35.00** |
|  | **EFT Details. Bendigo Bank** **Baringhup Trail Riders Inc.** | BSB 633 000  A/C 1301 81258 | Include your details**.** |

**Declaration and signature: …………………………………………………………..**

1. **I wish to apply for Membership of the Baringhup Trail Riders Inc.**
2. **I agree to abide by the ATHRA Code of Conduct and the Club’s Standing Rules.**
3. **By signing this form I understand that the Recreational Services about to be sold to me as set out in the liability waiver form may cause my and or my dependants personal injury or death. By signing this agreement I understand that I and my dependants waive our rights to sue the Provider for losses relating to my and or my dependants personal injury or death that result from any negligence caused by the Provider.**
4. **I understand that my Membership will not be deemed accepted until ratified by the BTR Club Executive, and I have been duly advised of outcome.**

**Signed (Applicant)** …………………………………………………………. **Date** …………..

**Signed (Sponsor)**…………………………………………………………. **Date** …………..

**Parent or Guardian Signature if under 18 years:**

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