

VICTORIAN REINING HORSE ASSOCIATION MEMBERSHIP APPLICATION

1st January 2012 to 31st December 2012



I / We hereby apply to become a member/s of the Victorian Reining Horse Association Incorporated. In the event of my / our admission as a member/s, I agree to be bound by the rules of the Association for the time being in force. I agree to participate entirely and absolutely at my own risk and I indemnify and agree to keep indemnified the trustees/owners of the venue, sponsors, officials, voluntary workers, members of the Victorian Reining Horse Association Incorporated and any as.

Adult Name (s) _____

Youth Name _____ **DOB:** ____/____/____

Youth Name _____ **DOB:** ____/____/____

Address _____ **Postcode** _____

Phone: BH _____ **AH:** _____ **Mobile:** _____

Emergency Contact: Name _____ **Ph:** _____

Email: _____ **Member Newsletter:** Post / Email (please circle)

Signed: _____ **Date:** ____/____/____
(Parent / Guardian are required to sign for Youth Membership)

Occupation / Business (Optional): _____

This information can be of use to VRHA when sourcing services for club events

Please tick if you require a tax receipt

Renew VRHA # New

<input type="checkbox"/>	Family Membership \$65.00 includes 1 riding adult + 1 riding youth <i>(Family membership members must all reside at the same address)</i>	
	Each additional adult \$30	
	Each additional youth \$15	Total Family Membership <input style="width: 50px;" type="text"/> \$
<input type="checkbox"/>	Adult \$55.00	Total Adult Membership <input style="width: 50px;" type="text"/> \$
<input type="checkbox"/>	Youth \$20.00 (18 yrs & under)	Total Youth Membership <input style="width: 50px;" type="text"/> \$
<input type="checkbox"/>	Life \$400.00 (10 years) \$500.00 (Family 10 years)	Total Life Membership <input style="width: 50px;" type="text"/> \$

Completed application to be forwarded to VRHA Treasurer, Unit 1 / 6 Ceti Court, Lara Vic 3212 or vrhamemberships@hotmail.com



Mail Fill in application, make cheque payable to VRHA,



Direct Deposit Fill in application, pay online, mail or email application & confirmation of payment
Victorian Reining Horse Association
Commonwealth Bank
BSB: 063 547 Account No: 0090 1498
Reference: VRHA # (for renew) or
Surname (for new)

Office Use Only:
Payment received
____/____/____

Approved by