

THE PERTH HORSE & PONY CLUB INC.
2019 RIDING MEMBERSHIP APPLICATION

SURNAME:		FIRST NAME/S	
ADDRESS:			
SUBURB:		POSTCODE:	
EMAIL ADDRESS:		PHONE:	

Date of Birth (if under 18)

MEMBERSHIP RATES: PH&PC Riding Membership entitles the rider to receive members nomination rates at PH&PC events, and riding members will accumulate points towards annual awards. Junior members are ineligible to vote at Annual General Meetings.

RIDING MEMBERSHIP

\$25.00

Please list any ALLERGIES OR DISABILITIES:- *(Name of member and details)*

EMERGENCY CONTACT:

In the event of an emergency, if the Parent/Guardian can not be contacted quickly, please nominate another person who could be contacted.

NAME OF CONTACT: _____

TELEPHONE: _____

In consideration of the PERTH HORSE AND PONY CLUB Inc (hereinafter called "The Club") accepting my child/myself as a member (hereinafter called "The Member") and enrolling the member and keeping the member enrolled, I, the undersigned agree to the member attending and participating in all club activities and agree to and do indemnify the club, its officers, instructors and helpers are not entitled to be indemnified under a policy of insurance whatsoever from and against any damages, compensation claims or demands arising out of any accident, injury, disease or illness which may befall or occur to the member during the members participation in any club activity or function connected with the club or when travelling to or from such activity or function. I further authorise any officers, instructors and helpers of the club in the event of such accident, injury, disease or illness to obtain the necessary medical assistance or treatment and for this purpose engage any medical, ambulance and nursing assistance and/or hospital treatment and in this event, I agree to pay all such fees and expenses, these said fees to be paid to the club on demand.

I hereby agree to my child/myself applying for membership of the Perth Horse & Pony Club Inc. and I/WE agree to abide by their rules and regulations, and indemnity as listed above.

SIGNATURE: _____ **DATE:** _____

NAME (Please Print): _____

Send to: The Treasurer
C/- 30 Townshend Road
SUBIACO WA 6008

Direct Deposit:-
BSB; 086-488
A/C: 508293537
Ref - Surname

Office Use	
Receipt No.	
Member No.	

or email to - secretaryphpcinc@gmail.com