



MEMBERSHIP APPLICATION
01/04/2010 TO 31/03/2011

Family \$60

Single \$35

Youth \$25
(18 yrs & Under as at 1st August)

New Member

Renewal

DETAILS

Name

Address

Phone H)..... W)..... M).....

Email Address:

Youth Names & Date of Birth

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If you are a member of a Breed Association (e.g. AQHA, AAA, PHAA) please state
Association and Membership Number

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EMERGENCY CONTACT

Name

Phone NumberRelationship.....

MEDICAL INFORMATION

Doctor's Name.....

Surgery Location.....Phone No.....

Medical Insurance Yes/No Company.....Ambulance Sub Member Yes/No

I hereby apply for membership of the Goulburn Valley Quarter Horse And Western Riding Club Inc and in the event of my admission as a member, I agree to be bound by the Rules of the Association for the time being in force.

Signature.....Date...../...../.....

I,....., a member of the Goulburn Valley Quarter Horse And
(Name)

Western Riding Club, Inc nominate the application, who is personally known to me, for membership of the Goulburn Valley Quarter Horse And Western Riding Club Inc.

Signature of Proposer.....Date.....

I,....., a member of the Goulburn Valley Quarter Horse And
(Name)

Western Riding Club, Inc second the nomination of the applicant, who is personally known to me, for membership of the Goulburn Valley Quarter Horse And Western Riding Club Inc.

Signature of Proposer.....Date.....