



AUSTRALIAN TRAIL HORSE RIDERS ASSOCIATION

Club Membership Application - 2017

CLUB NAME	ALBAN	Y NATURA	AL TRAILRII	DERS INC	
SURNAME			l	Date of Birth	
CHRISTIAN NAME	S				
ADDRESS				.Post Cod	e
TELEPHONE:	Home				
				Fax	
(plea	ase write legibly)				
Adult \$	Junior (Unde	er 18 years)	\$	Social (non riding	g) \$
agree to abide by the my membership of th joining or whenever	Rules and Regulate Club and ATHR renewing my mem	tions of the (A is conditional tipe).	Club and the A	ATHRA Code of Consigning the ATHRA	HRA Code of Conduct. nduct and understand tha Liability Waiver Form o
I hold a current First Aid	Certificate	Yes	No	(Please circle)	
APPLICANT'S SIGNAT	TURE				DATE
PARENT/GUARDIAN				is Under 18 years.)	DATE
Fee components for th	ne year ending 31st	December 2	2016 are as foll	lows	
ATHRA component Adult rider \$100 Junior Rider \$40 Social Member (non rice		\$30.00	ponent	\$70.00	···············
					rian Centre and entitles enas at a reduced charge.
Return completed PO Box 1492, Alba BSB: 633 000 Acc	any, WA 6331.	Payment c	•	•	· ·
EMERGENCY CON	ГАСТ				
In an emergency please call (Name)				(Relationship) (ie husband,partne	r)-
Phone:	•••••		•••••	•••••	

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