FORM – ANNUAL CLUB AFFILIATION



Form No: IMS-F-001 Version no: V20190202

Issues: 2011-12-10 Reviewed: 2019-09-18 Authorised by: Director Communication & Marketing

CLUB AFFILIATION APPLICATION					
The			(enter full name of club)		
hereby applies to	affiliate v	with the Australiar	ian Trail Horse Riders Association (ATHRA). As an affiliated Member,		
			Frail Horse Riders Association's Constitution, Code of Conduct, rules		
and by-laws.	, abiae b	, the mastralian in	an 110130 mae.37 1330 manon 3 00113 manon, 0	oue or corrudely rules	
ariu by-iaws.					
Signature of Authorised Person:					
			(Must be either the Club's President, Secretary or Treasurer)		
Name of Signato	orv:				
,			(Please print)		
Executive Position Held:			(esse py		
LACCULIVE I OSILION NEIG.			(President, Secretary or Treasurer)		
	Email		(Freshaent, Secretary of Fredsant	-1/	
Contact:	Ellidii				
	Phone				
	Postal A	Address			
Application Date:					
Affiliation Year:					
		(Enter calendar year)			
State and Region:			,=		
o and and magnet					
Annual Affiliation Application Fees: (*Subject to conditions below)		New Clubs	\$100		
			Prior to and including 31 December	\$50	
		Clubs renewing from prior year	1 January onwards	\$100	
*Conditions – Affiliation will be completed only after receipt of this Application form, a prior year Club Annual Report and a Club Executive Advice form, and payment of the applicable fee.					

All payments must be made by electronic transfer or direct payment to

Australian Trail Horse Riders Association BSB: 062 623 ACCOUNT: 1009 6902

Performed your club name on the bank transfer details

Reference your club name on the bank transfer details.

Email completed application forms to: membership@athra.com.au