



AUSTRALIAN TRAIL HORSE RIDERS ASSOCIATION
Club Membership Application
 (Revised October 2010)



CLUB NAME: **SOUTHERN PENINSULA TRAIL RIDERS CLUB**

SURNAME: DATE OF BIRTH:

CHRISTIAN NAMES:

ADDRESS: Post Code:

TELEPHONE: Home Work Mobile

Fax Email

Adult \$120.00
Junior (Under 18 years) \$60.00
Social (Non Riding) \$30.00
Associate Membership

If an Associate **quote ATHRA No:** and indicate the **name of your Primary ATHRA Club:**

Family Membership

List Names of Family (Club) Members Below:

1. Adult/Junior
2. Adult/Junior
3. Adult/Junior
4. Adult/Junior

I hereby apply for membership/renewal of membership of the above mentioned Australian Trail Horse Riders Association (ATHRA) affiliated Club. I understand that as a member of the Club I am also a member of the ATHRA and that I am bound by the Rules & Regulations of the Club and the ATHRA Code of Conduct. I agree to abide by the Rules and Regulations of the Club and the ATHRA Code of Conduct and understand that my membership of the Club and ATHRA is conditional upon my signing the ATHRA Liability Waiver Form on joining or whenever renewing my membership.

APPLICANT'S SIGNATURE: DATE

PARENT/GUARDIAN: SIGNATURE DATE:

(Please Print Details & Sign if Applicant is Under 18 years.)

Return completed application form to the Secretary of the Club: sptrailridersclub@gmail.com

This riding Club is affiliated with the Australian Trail Horse Riders Association

www.athra.com.au

Form revised December 2015

FOR OFFICE USE ONLY. Enter details relevant to the club such as fees and return address etc in space below.
 Fee components for the year ending 31st December 2011 are as follows:

ATHRA Component	Club Component	Total \$'s Payable
Adult Rider	\$.....	\$.....
Junior Rider	\$.....	\$.....
Social Member (Non Riding)	\$.....	\$.....