



MEMBERSHIP APPLICATION FORM

1 Jan – 31 Dec

\$10 single membership

\$30 family membership

PLUS

\$35 insurance fee per riding family member

MEMBERSHIP		
Surname:		First name(s):
Children's Names		
Phone home:	Phone work:	Mobile:
Postal Address:		
Town:	State:	Post Code:
Email Address:		
Email Address #2:		
Email Address 3:		
ANNUAL MEMBERSHIP FEES 1 JAN-31 DEC		
Single Membership @ \$10pp		\$
Family Membership @ \$30 per family (unlimited number of dependent children under 18 years)		\$
PLUS INSURANCE @ \$35 per riding member		\$
Total membership payable		\$
Signature: _____		Date 20____
Stockyard Arena Association PO Box 303, QUORN SA 5433 Phone: 0427 001 344 Email: info@stockyardarena.com.au www.stockyardarena.com.au		