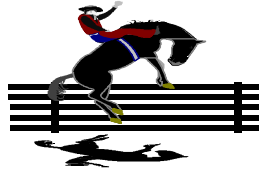


# STOCKYARD ARENA ASSOCIATION



## MEMBERSHIP APPLICATION FORM

1 Jan – 31 Dec 2009

\$10 single membership

\$30 family membership

Plus

\$35 insurance fee per riding 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 2009		
Single Membership @ \$10 pp		\$
Family Membership @ \$30 per family (unlimited number of dependent children under 18 years)		\$
PLUS INSURANCE @ \$35 per riding member		\$
Total membership payable		\$
Signature: _____		Date

Stockyard Arena Association  
PO Box 70, QUORN SA 5433

Phone: 08 8648 6789

Fax: 08 8642 2009

Mobile: 0437 224 212

Email: [info@stockyardarena.com.au](mailto:info@stockyardarena.com.au)

[www.stockyardarena.com.au](http://www.stockyardarena.com.au)