



PO BOX 956  
 ALICE SPRINGS NT 0871  
 ABN : 15 239 374 543

## MEMBERSHIP APPLICATION FORM

MEMBERSHIP TYPE: SINGLE (\$70.00)  FAMILY\* (\$100.00)

\*FAMILY MEMBERSHIP – CONDITIONS APPLY (Must be living at the same residential address and maximum of 2 Adults (18+) included. Additional adults can be added at a cost of \$20ea)

NAME		DATE OF BIRTH	/ /
MA LICENCE NUMBER		EXPIRY DATE	/ /
RIDING CLASS		RACE NUMBER	
ADDITIONAL CLASS (if applicable)			
RESIDENTIAL ADDRESS			
TOWN / POST CODE			
POSTAL ADDRESS			
TOWN / POST CODE			
EMAIL ADDRESS			
EMERGENCY CONTACT NAME		EMERGENCY PHONE #	
MOBILE PHONE			
OFFICE USE ONLY			

**PLEASE COMPLETE THIS SECTION IF YOU ARE A FAMILY MEMBERSHIP**

List all individuals to be included on family membership (put N/A where appropriate for non-riders)

**IF RIDING MORE THAN ONE CLASS PLEASE COMPLETE AN ADDITIONAL LINE FOR EACH CLASS AS ADDITIONAL TRANSPONDERS WILL NEED TO BE ASSIGNED**

NAME	MA LICENCE NUMBER	MA LICENCE EXPIRY	DATE OF BIRTH	RIDING CLASS	RIDING NUMBER	OFFICE USE ONLY		

NOMINATED BY: \_\_\_\_\_ SECONDED BY: \_\_\_\_\_

OFFICE USE ONLY

PAYMET METHOD: CASH / CHEQUE / DIRECT DEPOSIT (BSB 105 187 ACC 019 580 540) (REFERENCE: SURNAME & FIRST INITIAL)

PLEASE PROVIDE RECEIPT OR EMAIL REMITTANCE TO [tammysclan@bigpond.com](mailto:tammysclan@bigpond.com)

DATE OF APPLICATION		DATE APPLICATION ACCEPTED	
PAYMENT RECEIPT NUMBER		MEMBERSHIP NUMBER	