



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			
TRANSPONDER NUMBER			

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	TRANSPONDER NUMBER	

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 janice.campbell1@bigpond.com

DATE OF APPLICATION		DATE APPLICATION ACCEPTED	
PAYMENT RECEIPT NUMBER		MEMBERSHIP NUMBER	