



YARRAMBAT HORSE AND PONY CLUB Inc.

PO Box 37 Yarrambat VIC 3091

A0004805K

President	Carl Parkin	9716 2824
Secretary	Richelle Simon	9432 9970
D.C.	Susannah Detje	9718 2002
Membership Sec.	Elisa Ling	9436 1070

Application for Membership

Family name

Date of application ../.../.....

Name of rider	M/F	Age	Date of Birth	Name of pony/horse	Age	Height	Colour

Certificates attained (circle if any):

Rider 1	C	D	D*
Rider 2	C	D	D*

Previous Pony Club: _____

Year: _____

Level of riding experience: _____

Postal Address: _____

Postcode: _____

Telephone Number: _____ Email: _____

Mothers Name: _____ Occupation: _____

Fathers Name: _____ Occupation: _____

Please submit this form to the Secretary (details above) with a **\$30 application fee per rider**. The application fee will be deducted from the first years fees. Current fees are \$150 family joining fee and \$250 per year per riding member (2005/06). This fee includes PACV insurance. Each rider must wear a back protector when jumping at any time at our grounds. For further information please phone the Membership Secretary.

I wish to apply for membership for the above named child/children under 25 years of age. I agree to abide by the rules and regulations of the Club, including those relating to duty rosters and working bees.
I understand that the committee reserves the right to accept, reject or place on a waiting list any application for membership.

Signature of Parent/Guardian:.....