



Yarrambat Horse & Pony Club Inc.

A0004805K

Address:
Yarrambat Horse
& Pony Club Inc
PO Box 37 Yarrambat VIC
3091

President
Secretary
D.C.
Membership Sec.

Carl Parkin 9716 2824
Richelle Simon 9432 9970
Lisa Ray 9436 1309
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 \$260 per year per riding member (2010/11). 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.

<p>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.</p> <p>Signature of Parent/Guardian:.....</p>
