

Metro Showjumping Inc

Membership Application / Renewal

Name of Applicant:

Address:
..... State: Postcode:

Phone Home: Work: Mobile:

Fax Number: Email Address: (please print clearly).....

Occupation: Date of Birth:/...../..... Necessary for Insurance cover

Emergency contact: Name: Phone:

Do you have Ambulance Cover? Yes / No

Please complete for family memberships:

Name of Member 2: Date of birth:/...../.....

Name of Member 3: Date of birth:/...../.....

Name of Member 4: Date of birth:/...../.....

Fees

The year starts at 1st July and ends at the 30th June. Discount applies after January 1st.

Junior Membership (under 17 at the start of the financial year)	\$50.00	\$.....
Senior Membership	\$80.00	\$.....
Family Membership	\$150.00	\$.....
Social Membership	\$15.00	\$.....
Hire of ground key	\$30.00	\$.....
Deposit for ground key	\$15.00	\$.....
	Total:	\$.....

Signature of Applicant.....

Payment: cash/cheque/Visa/MasterCard

Card transactions will incur 5% bank charge. Card information is shredded once fees are processed.

Name on card: _____

Credit Card No : _____ / _____ / _____ / _____ Expiry date _____ / _____

Card Holder's Signature _____

Remit to: PO Box 729, Marleston BC, 5033 OR
fax to: 8293 2747 (credit card details only)