



# Macedon Ranges Dressage Club Inc.

Reg. A0031732W

## Application For Membership (please print)

I, \_\_\_\_\_  
of \_\_\_\_\_

### Contact Numbers:

Home:

Fax:

Work:

Email:

Mobile:

desire to become a member of the Macedon Ranges Dressage Club Inc. and, in the event of my admission as a member, I agree to be bound by the rules of the association and I further **agree/do not agree** for my personal details to be given to any club, HRCVA or EFA sponsors.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### DETAILS

Emergency Contact Names:

Emergency Contact Numbers:

Current Ambulance Subscription? (please tick)  Yes  No

If yes, subscription number:

(please provide copies of appropriate documents where possible)

Provision of proof of membership with HRCVA will entitle members to a membership fee of only \$40, other prospective members must pay the full membership and insurance fees and

**MUST BE PAID BY 31st OCTOBER FOR YEAR COMMENCING 1st NOVEMBER**

HRCVA no:  EFA no:  Expiry Date:

### Membership required (please tick):

Riding **\$110**  Non riding **\$66**

Dual **\$46**

### I am a (please tick):

Junior (under 18)

Senior (18 and over)

Date of Birth:

Please attach cheque for appropriate fee and forward to:

Questions? Email [mrdc@hotkey.com.au](mailto:mrdc@hotkey.com.au)

#### Office use only

Membership number \_\_\_\_\_  
Insurance proof Valid \_\_\_\_\_

**Macedon Ranges Dressage Club Inc.**  
**PO Box 138**  
**Gisborne VIC 3437**