



VRHA

# VICTORIAN REINING HORSE ASSOCIATION MEMBERSHIP APPLICATION

1<sup>st</sup> August 2009 to 31<sup>st</sup> July 2010

I / We hereby apply to become a member/s of the Victorian Reining Horse Association Incorporated.  
In the event of my / our admission as a member/s, I agree to be bound by the rules of the Association for the time being in force. I agree to participate entirely and absolutely at my own risk and I indemnify and agree to keep indemnified the trustees/owners of the venue, sponsors, officials, voluntary workers, members of the Victorian Reining Horse Association Incorporated and any as.

Name (s) \_\_\_\_\_

DOB: (Youth only) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name (s) \_\_\_\_\_

DOB: (Youth only) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Phone: BH \_\_\_\_\_ AH: \_\_\_\_\_ Mobile: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Ph: \_\_\_\_\_

Email: \_\_\_\_\_ Member Newsletter: Post / Email (please circle)

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<input type="checkbox"/> Renew	VRHA # <input type="text"/>	<input type="checkbox"/> New
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<input type="checkbox"/> Family Membership \$65.00 1 riding adult + 1 riding youth <i>(Family membership members must all reside at the same address)</i> Each additional adult \$30 Each additional youth \$15	Total Family Membership	\$ <input type="text"/>
<input type="checkbox"/> Adult \$55.00	Total Adult Membership	\$ <input type="text"/>
<input type="checkbox"/> Day Membership \$20.00	Total Day membership	\$ <input type="text"/>
<input type="checkbox"/> Youth \$20.00 (18 yrs & under)	Total Youth Membership	\$ <input type="text"/>
<input type="checkbox"/> Life \$400.00 (10 years) \$500.00 (Family 10 years)	Total Life Membership	\$ <input type="text"/>



### 2 Ways to pay

Completed application forwarded to VRHA Secretary, 3 Blythe Crt, Dingley 3172 or by fax (03)9551 1383

**Mail** Fill in application, make cheque payable to VRHA, post to Secretary, 3 Blythe Crt, Dingley 3172



### Direct Deposit

Fill in application, pay online, mail or fax application & confirmation of payment -  
Victorian Reining Horse Association

Commonwealth Bank  
BSB: 063 547 Account: 0090 1498

Reference: VRHA # (for renew) or  
Surname (for new)

Office Use Only: Payment received ____ / ____ / ____  VRHA Sign & approved: _____
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