



WELLINGTON AREA TRAIL RIDING CLUB

PO BOX 54 202, Mana Wellington

MEMBERSHIP FORM

For the year 1st August 2009 to 31 July 2010

Member Name: _____

Mailing Address: _____

Phone Numbers: _____

Day

Evening

Mobile

Fax

Email

MEMBERSHIP:

INDIVIDUAL \$30

FAMILY \$35

NON-RIDING \$15

N-R + NEWSLETTER BY POST \$20

MEMBERSHIP FEE TOTAL: \$ _____

ENCLOSED

PAID

RIDER/S:

(please underline surname)

DOB:

(Juniors)

IN CASE OF INJURY OR ILLNESS:

Contact: _____

Phone: _____

I agree to abide by the rules of the Wellington Area Trail Riding Club	
I understand that competitors and spectators participate in club activities at their own risk	
SIGNED: _____	DATE: _____

Can you help in the running of the club? Please indicate below how you may be able to help.

I have relevant experience and / or qualifications in:

Vetting

Judging

Other: _____

I may be able to help sometimes with:

Organising Rides

Helping on the day

Raffle Prizes

Sponsorship

Other: _____

The information which you provide on this form will be stored in a database together with other information about you which the club gathers from club activities. It will be made available to club officers and other members for club purposes. It will not be divulged to non-members or for any commercial or other non-club purposes. It will be available for you to check on request. If you do not want us to give your phone number to other club members, or any other restriction, please let us know.