



# SINGLETON DRESSAGE CLUB INC

## Application For Membership 2017



PLEASE INDICATE (x) IF THIS IS A RENEWAL  OR NEW   
MEMBERSHIP

Membership Year: January 1 – December 31

**ENQUIRIES: Please Phone Membership Secretary – Kirsty Harrison 0427 538 851**

I/We \_\_\_\_\_  
Please list All Junior and/or Family or Group Members Names – If not enough room please use the back of the form. Each group member must sign individually.

of \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_  
(please print clearly)

**Junior (Date Of Birth):** \_\_\_\_\_ (Must be given if you wish to ride as a Junior Competitor)

**Please indicate (x) if details need updated from last year on renewals**

I hereby apply to become a member of the Singleton Dressage Club. I agree to be bound by the Constitution, rules and regulations of the association for the time being in force.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(16 years and under must be signed by parent or guardian, group memberships must be co signed by the professional involved)

**FEES:** Junior \$20.00  Senior \$25.00  Family \$30.00   
Group (for Professional establishments only) \$35.00

Please send my SDC newsletter by hard copy  Please send my SDC newsletter to me via email

I am interested in the following:  Clinics  Competitions  Social  Other .....

I would be happy to help out with:  Gear Check  Pencilling  Scoring  Running/General Duties

**Please pay by EFT: BSB 650-000 Account No. 947958801 Reference: Full Name**

**Please email Membership Form to: [kirsty\\_harrison1988@hotmail.com](mailto:kirsty_harrison1988@hotmail.com) with notification of payment**

**Or Post to:** The Treasurer – Singleton Dressage Club Inc.  
2495 Clarence Town Rd  
Clarence Town NSW 2321