



SINGLETON DRESSAGE CLUB INC

Application For Membership



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

I _____ of _____

Please list All Junior and/or Family Members Names – If not enough room please use the back of this form.

Post Code: _____

email: _____ (please print clearly) Phone: _____

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.

Hereby apply to become a member of the Singleton Dressage Club. I agree to be bound by the rules of the association for the time being in force.

Signature: _____ Date: _____
(16 years and under must be signed by parent or guardian)

FEES: Senior : \$20.00 Junior \$15.00 Family \$25.00

Cheques To Be Made Payable to Singleton Dressage Club Inc.

Post to: The Treasurer Singleton Dressage Club Inc
Milverton
242 Kirkton Road
Lower Belford NSW 2335

ENQUIRIES: Please Phone Membership Secretary - Leanne Way (02) 49912247

**Please tick the box to show your interest in the activities listed below
to make sure we give you what you want from your club.**

- Lessons on in hand work (long reining etc.)
- Natural horsemanship
- Fundraising dinner
- Video evening with high level judge or rider discussing the marking/riding
of elements of a test
- Raffles (I would like to win _____)
- Any Suggestions????????.....we would love to hear from you.

FOR OFFICE USE ONLY:

DATE RECEIVED:/...../..... PAYMENT METHOD: CASH \$..... OR CHQ \$.....

CHQ DETAILS BSB: ACCOUNT NO:CHQ NO:

ACCOUNT NAME: