



## DONGARA HORSERIDING CLUB

PO Box 685, Dongara WA 6525

Tim Smith (President) 0428 912 276 ♦ Nina Edmonds (Treasurer) 0429 451 085 ♦ Michele Lalor (Secretary) 0457 090 350

### Annual Membership Application 2025

**SINGLE MEMBER \$75**

**ADULT SUPPORT \$20**  
(required to accompany riders under 17 years old)

**FAMILY \$130**  
(includes adult support)  
**2 x Adults + 3 x Juniors**

SURNAME \_\_\_\_\_ NAME \_\_\_\_\_ D.O.B \_\_\_\_\_

SURNAME \_\_\_\_\_ NAME \_\_\_\_\_ D.O.B \_\_\_\_\_

SURNAME \_\_\_\_\_ NAME \_\_\_\_\_ D.O.B \_\_\_\_\_

SURNAME \_\_\_\_\_ NAME \_\_\_\_\_ D.O.B \_\_\_\_\_

SURNAME \_\_\_\_\_ NAME \_\_\_\_\_ D.O.B \_\_\_\_\_

#### CONTACT DETAILS

Postal Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone : (H) \_\_\_\_\_ (M) \_\_\_\_\_

Please list any medical conditions: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

- I/ We give our permission for DHRC to use photos taken for promotions & Facebook. YES / NO
- I/We give our permission to have my/our contact details published in a member's list. YES / NO
- Do you have a current First Aid Certificate? Basic: \_\_\_\_\_ Senior: \_\_\_\_\_

#### PAYMENT DETAILS

(Please note: All monies must be paid or proof provided prior to mounting at first meet so you are covered by insurance.)

Payment Method:    please circle    Single Member / Adult Support / Family  
                                 please circle    cheque / cash / eftpos / Kidsport

Cheque	Cash	Eftpos
Payable to: Dongara Horseriding Club Inc PO Box 685, Dongara WA 6525	Total Paid: \$ _____ Date: _____	Details: first initial and last name BSB 036-131    Acc No 153730

(Office use only)

Receipt No _____ Date _____	Receipt No _____ Date _____	Receipt No _____ Date _____
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All enquiries to: Nina Edmonds (Treasurer) 0429 451 085 or email: dongarahorseridingclub@hotmail.com

Signature (Parent/guardian if under 18 years) \_\_\_\_\_ Date \_\_\_\_\_

**\*\* Club shirts available for purchase – Please note these are NOT compulsory \*\***