

S.C.A.T.E.R - Sunshine Coast Area Trail & Endurance Riders

MEMBERSHIP FORM 1st January 2008 – 31st December 2008

Name: _____

Address: _____

_____ P/code _____

Phone: _____ Mob: _____

Email: _____

- To ensure the accuracy of your record PLEASE PRINT CLEARLY -

Additional Family Members:

(Please supply D.O.B. for any child under 16 years)

Name/s _____

Type of membership: (please tick)

Single \$80* Family \$130* (2 riders) Non-riding \$50*
(Additional family riders \$40ea)

Current AHSA Members only (attach copy of membership card)

Single \$50* Family \$100* (2 riders) Non-riding \$50*
(Additional family riders \$40ea)

Newsletter member (newsletter only) \$10

*deduct \$5 if you would like your newsletter emailed to you.

I acknowledge the risks of horse riding. I agree to abide by the rules of SCATER. I agree that I take part in club activities at my own risk.

I have paid by

cash

cheque

direct deposit (see below)

SIGNATURE _____

DATE: _____

Please return to: The Treasurer SCATER

Po Box 66

Eudlo 4554

Internet banking:

BSB: 064 424 ACCOUNT #:100 122 13

Please forward banking receipt with membership form and include your NAME as your internet banking reference number.