



WELLINGTON AREA TRAIL RIDING CLUB

PO Box 54 202, Mana, Wellington

MEMBERSHIP FORM

For the year 1st August 2007 to 31st July 2008

Member Name: _____

Mailing Address: _____

Phone No.s: _____

Day _____ **Evening** _____ **Mobile** _____

Fax _____ **Email** _____

Membership: Individual \$25 Family \$30

Non Riding \$15 Non Riding + Newsletter by post \$20

Membership fee of \$ _____

enclosed already paid

Rider(s) _____
(please underline surname)

Birth Date: _____
(required for juniors)

In Case of Injury or Illness:

Contact: _____

Phone: _____

Contact: _____

Phone: _____

Any medical information (allergies, medication etc.) which should be known in case of injury or illness:

"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 how you may be able to help.

"I have relevant experience and/or qualifications:

Vetting Judging Other: _____

"I may be able to help sometimes with:

Organising rides Helping on the day Raffle prizes

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.