



MENTONE HORSE RIDERS CLUB

## Application for New Membership

### Rider Details

**Surname:** \_\_\_\_\_

**Given Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth** (*If Junior – Under 17 years*): \_\_\_\_\_ **Age:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Business / Mobile:** \_\_\_\_\_

**Ambulance Subscriber:** Yes  No

### Contact in Case of Emergency:

**Contact Name:** \_\_\_\_\_ **Ph:** \_\_\_\_\_

### Riding Experience (*Please Circle*)

Complete Beginner      Beginner      Intermediate      Advanced

**Gradings?** PCAV  EFA  HRC AV  Grade: \_\_\_\_\_

**Do you agree for the HRC AV to supply your name & address to sponsors?**

Yes  No

**Do you agree for your name and number to be provided to other Mentone Club Members?**

Yes  No

**Do you agree to attend a Fundraiser / Working Bee when required (usually one a year)?**

Yes  No

**Horse Details:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Colour: \_\_\_\_\_

Brands: (N/S) \_\_\_\_\_ (O/S): \_\_\_\_\_

Address where horse is kept \_\_\_\_\_

Do you agree to pay the current annual HRC AV membership fee \$

Yes  No

Do you want a subscription to “Chaff Chat” \$

Yes  No

Signed: \_\_\_\_\_ (Parent / Guardian if Junior)

Date: \_\_\_\_\_

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**Office Use Only**

Nominated:

Seconded:

Card Number Issued:

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c/o The Secretary, 305-311 Greens Road, Keysborough, 3173

Phone: 9798 6868