



C/O Post Office Great Western VIC 3374
Email: president@grampiansridingclub.com.au
MEMBERSHIP RENEWAL FORM 2010/2011

Name: HRCVA Member:

Address:

Postal Address:

Email Address:

Phone (H): (W) (M)

Membership Type: (please circle) JUNIOR SENIOR NEWSLETTER

EMERGENCY DETAILS

Contact Name:

Contact Phone Number (H): (M)

Doctors Name: Phone Number:

Relevant Emergency Health Details:

Vets Name: Phone Number:

Do you have any objection to your mailing details being given to the HRCVA's Sponsors?

Please Circle YES NO

Do you have any objection to your contact details being used for the committee contact list?

Please Circle YES NO

I agree to abide by all the rules of the Grampians Riding Club inc. and HRCVA, attend all working bees and help at fundraising events run by the club.

Junior members (17 years and under) are required to have a Parent/Guardian with them while attending club rallies and competitions at all times.

In the event of a person being injured an ambulance will be called and said person will be responsible for all charges and costs.

It is HIGHLY RECOMENDED that all riders wear medical armbands while mounted on club grounds.

Signature: Date:

Parent/Guardian Signature: Date:

Please send completed forms and payment to:
THE TREASURER
GRAMPIANS RIDING CLUB
C/O POST OFFICE, GREAT WESTERN, VIC 3374