



HUNTINGFIELD PONY & RIDING CLUB INC
PO BOX 163, KINGSTON, TAS 7051

NEW MEMBERS APPLICATION FORM

*Please complete and return this form, plus the accompanying medical form and PCAT Waiver, to:
PO Box 163, Kingston, TAS 7051.*

SECTION 1: APPLICANT DETAILS:

Full Name of Applicant:

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(Given name) (Middle name) (Surname)

Date of Birth:

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(Day) (Month) (Year)

Membership required:

Ordinary

Associate

Adult (Riding)

Adult (Non Riding)

Ordinary Member: any member who will not have had their 17th birthday by the 31st of December

Associate Member: any member who will not have had their 25th birthday by the 31st of December and is not eligible for Ordinary membership

Adult (Riding) Member: any member who has attained their 21st birthday after 1st January

Adult (Non Riding) Member: any members over the age of 21 years and who wishes to assist, support & help the club.

A member cannot hold more than one grade of membership.

Postal Address:

Residential Address:

Email Address(es):

Please note email is our main form of communication to members.

Phone Numbers:

Work	
Home	
Mobile	

SECTION 2: PARENT / GUARDIAN DETAILS (Ordinary & Associate Members only):

Parent / Guardian No 1:

Name:		
Address:		
Phone Number:		Mobile:
Email:		

Parent / Guardian No 2:

Name:		
Address:		
Phone Number:		Mobile:
Email:		

SECTION 3: HORSE / RIDING DETAILS (Ordinary & Associate Members only):

Horse / Pony Details:

Name of Horse / Pony:		
Age:	Height:	Colour:
How long owned by you?		
Does your horse have previous pony club experience? Please provide details:		

Riding Experience:

Please provide information on previous riding experience, ie – have you had regular lessons and if so, with whom?
Have you been a member of any other Pony Club or Riding club?

SECTION 4: PERMISSIONS:

I, (parent/guardian if under 18):	
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(Name)

- agree to abide by the Constitution and rules of the Huntingfield Pony & Riding Club Inc;
- give permission, in the event of an accident or medical problem and in my absence, for Huntingfield to organise any medical attention that may be required;
- give permission for images of my family to be used by Huntingfield in promotional material, newsletters and website (including the HPRC Facebook page);
- give permission for my name, address, phone number(s) and email address to be used by Huntingfield (eg telephone tree, directories, emails etc).

Signature:	Date:
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As you are aware, the success of the any club depends heavily on the support and involvement of our members and community. There will be times when we will be asking for your assistance. Please indicate below which areas you would prefer to be contacted about, to help your club:

- Canteen
- Events / fundraisers
- Newsletter
- Working bees / grounds
- Committee membership
- Other _____

SECTION 5: MEMBERSHIP NOMINATION:

We, the undersigned, being financial members of the Huntingfield Pony & Riding Club Inc, desire to propose and second respectively the membership application for:

Proposed:	
Signature:	

Seconded:	
Signature:	

SECTION 6: COMMITTEE USE ONLY:

Application Received (date):	
First Rally (date):	Second Rally (date):
Approved at Committee Meeting (date):	
President:	Secretary:
Member advised & fees requested:	