





## AUSTRALIAN TRAIL HORSE RIDERS ASSOCIATION Club Membership Application 2019

CLUB NAME: Logan River Redlands Trail Horse Riding Club Inc., PO Box 754, Park Ridge QLD 4125. (Also known as Red Rivers Trail Riders)

SURNAME:		DATE OF BIRTH:		
FIRST NAME:				
ADDRESS:				
SUBURB:			POST CODE:	
TELEPHONE:				
	Mobile:	Fax:		
	Email:			
	Do you hold a Blu	ue Card? Yes/No		
Adult Rider		\$125	Please circle or select amount	
Junior Rider (Under 18)		\$60		
,		\$70		
,		\$20		
•	ship (Parent or Gua	S		
		<u>nly</u> \$125		
		\$50		
Associate (alread	dy member of another	ATHRA Club)\$15		
If an Associate, o	quote ATHRA No _		and indicate the Name of your Primary	
ATHRA Club _				
Association (ATH) and that I am bou the Rules and Reg	RA) affiliated Club. and by the Rules & R gulations of the Club	I understand that as a memi degulations of the Club and the and the ATHRA Code of Co	above mentioned Australian Trail Horse Riders ber of the Club I am also a member of the ATHRA he ATHRA Code of Conduct. I agree to abide by onduct and understand that my membership of the lity Waiver Form on joining or whenever renewing	
APPLICANT'S SIGN	NATURE:		DATE:	
PARENT/GUARDIA	ΔN:	SIGNATURE:	DATE:	
	(Please	e Print Details & Sign if Applicant	is Under 18 years .)	
FOR OFFICE US	E ONLY Enter detail	ils relevant to the club such a	s fees and return address etc. in snace helow	

## Fee components for the year ending 31st December 2019

	ATHRA Component	Club Component	Total Payable
Adult rider	\$100	\$25	\$125
Junior Rider	\$40	\$20	\$60
Social Member	\$30	\$20	\$50
Senior	\$60	\$10	\$70
Child	\$20	\$0	\$20
Family Membership (See Above)	\$100	\$25	\$125

Return completed application form to the Secretary, LRRHTRC Inc.,

PO Box 754 Park Ridge 4125 or email to: redriversgrounds@gmail.com

Direct Deposit: Bank of Queensland (Make sure you put your last name as a reference)

BSB: 124-017 Account: 21598478