



MEMBERSHIP FORM

Financial Year - 1st January to 31st December 2008

Name			
Address			
Suburb		Post code	
Phone		Mobile	
Email			
EFA registration no.*			
Young Rider (under 25 on 1 st Jan 08)		Yes/No	Date of Birth
Junior Rider (under 17 on 1 st Jan 08)		Yes/No	Date of Birth

*EFA registration number is required for official tests

Horse's Name			
Horse's EFA no*		EFA Points*	
Veteran Horse (15 or over on 1 st Jan 08)		Yes/No	Horse DOB
Pony (must be under 14.2hh)		Yes/No	Pony Height

Horse's Name			
Horse's EFA no*		EFA Points*	
Veteran Horse (15 or over on 1 st Jan 08)		Yes/No	Horse DOB
Pony (must be under 14.2hh)		Yes/No	Pony Height

*EFA number must be provided if you intend to compete in official tests

Membership Type	Cost	Total
Riding member	\$45.00	
Associate member	\$20.00	
Newsletter Postage Fee*	\$10.00	
*Newsletters will be sent to your email address unless postage fee is payed		

Please Tick ✓ New Member Renewal

Vaccinated against Equine Influenza? Yes / No

I hereby apply for membership of the Shoalhaven Dressage Club Inc. (SDC Inc.) and if admitted as a member I agree to abide by the rules of the Club for the time being in force. Please note: Both owner and rider must be members before membership rules apply.

Signature Date

- Please use one form per person -

Return with cheque to - **AMANDA ELLEMAN, PO BOX 170, NOWRA 2541** Ph: 4447 8598
Cheques should be made payable to *Shoalhaven Dressage Club Inc.*