



BERRIMA HORSE TRIALS INC. MEMBERSHIP APPLICATION FORM

Membership runs from 1st January to 31 December.

Please send this form, with your remittance to:

Tina Stafford
B.H.T. Secretary
567 Meryla Road
MOSS VALE NSW 2577

Phone 02 4868 2482
Email: tina.stafford@bigpond.com

SUBSCRIPTION RATES

Single Member (For one individual)	\$30.00
Family Membership (2 adults & children up to 17 years)	\$50.00
Junior Member (for one individual up to 17 years)	\$20.00
Working Member	Free

Please find enclosed a cheque / money order for \$.....for membership of Berrima Horse Trials Inc. for the period of 1 year. (Cheques made payable to Berrima Horse Trials Inc.)
OR Direct Deposit to Berrima Horse Trials BSB 802-101 A/c 53539

YEAR:.....

MEMBER'S TITLE: (Dr,Mr,Mrs,Miss,Ms,).....

SURNAME:.....

FIRST NAME:.....

ADDITIONAL FAMILY MEMBERS: (for children under 17, please put age.)
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EMAIL:

(Very important as this how we communicate.)

POSTAL ADDRESS:.....
.....

TELEPHONE: Home.....

Mobile.....

SIGNED:.....**DATE:**.....