

2015 MEMBERSHIP APPLICATION

SURNAME:	GIVEN NAME:	
ADDRESS:		
TOWN:	STATE:	POSTCODE:
EMAIL:		
PHONE:	MOBILE:	
FAMILY \$50	SENIOR \$30	
JUNIOR \$20	NON RIDER \$15	
Please list all extra names for family membership:		
Declaration: I/We agree to be bound by the Rules and By-Laws of the Mount Gambier Showjumping Club Inc.		
SIGNATURE:	DATE:	
To be signed by parent or guardian if applicant unde	er 18 years.	
To be signed by parent or guardian if applicant under Please make cheques payable to 'Mount Ga		b Inc' or

Please return application to the above address.