



MEMBERSHIP APPLICATION FORM

I hereby apply for Membership of **Riding For The Disabled Association of Western Australia Carine Group Incorporated** (the "Association").

Personal Details:

Title: (Mr, Mrs, Miss, Ms) Full Name:

Address.....

Suburb: State: Postcode:

Phone: Email:

Male/Female Date of Birth:/...../.....

Skills & Experience:

.....

Previous Occupation/s:

I agree to be bound by the Rules of the Association and fully support the purposes of the Association being to enable people with disabilities to experience enjoyment, challenge and a sense of achievement through participation in equestrian activities to improve their quality of life, attain personal goals and develop life skills.

Signature of Applicant: Date:

Nominated by : Signature of Nominee:
(Existing Member)

Seconded by:..... Signature of Seconder:.....
(Existing Member)

A \$5.00 Membership Fee is payable with this Membership Application. The application will be considered at a meeting of the Committee.

Membership accepted by Association President:

Record Date of Membership: Membership Fee Receipt No: