

Receipt:
Risk form signed (inits)

# Eastern Suburbs Pony Club

www.espc.asn.au

ESPC Inc. ABN 50 423 878 697

PO Box 258 Kensington NSW 1465

## Application for Membership

<b>NAME:</b>		<b>IF UNDER 25 - AGE</b>	
<b>ADDRESS:</b>		<b>&amp; DATE OF BIRTH</b>	
<b>PHONE:</b>			
<b>MOBILE:</b>		<b>EMAIL:</b>	
<b>FAX:</b>			

### TYPE OF MEMEBERSHIP REQUIRED:

THERE MUST BE AT LEAST ONE PARENT/GUARDIAN MEMBER FOR EACH FAMILY  
SEPARATE FORM FOR EACH MEMBER PLEASE

	<b>JUNIOR RIDER (UNDER 17 YEARS)</b>	<b>\$80</b>	<b>(FIRST RIDER IN FAMILY)</b>
		<b>\$65</b>	<b>(OTHER RIDER IN FAMILY)</b>
	<b>ASSOCIATE RIDER (AT LEAST 17 YEARS AND UNDER 25)</b>	<b>\$80</b>	
	<b>SENIOR RIDER (25 YEARS AND OVER)</b>	<b>\$80</b>	
	<b>NON-RIDER MEMBER (EG., PARENT/GUARDIAN)</b>	<b>\$35</b>	

### RIDER MEMBERS, PLEASE GIVE DETAILS OF YOUR REGULAR PONY CLUB MOUNT: IN WHAT YEAR DID YOU START RIDING THIS MOUNT?

**NAME:**  
**MARKINGS & BRANDS:**

**COLOUR:**

**HEIGHT:**

**OWNER:**

**IF YOU ARE NOT THE OWNER,**

**DO YOU HAVE A LEASE?  
OR ANOTHER ARRANGEMENT?**

**YES/NO**

**(DETAILS PLEASE)**

### ALL APPLICANTS:

**ARE YOU A MEMBER, OR HAVE YOU BEEN A MEMBER, OF ANY OTHER PONY CLUB? YES/NO**  
**IF SO, WHICH CLUB? WHAT YEAR(S)**  
**HAS A TRANSFER BEEN ARRANGED?**

### EMERGENCY CONTACTS:

**NAME**  
**PHONE(S)**  
**ADDRESS:**

**ALTERNATE EMERGENCY CONTACT:**  
**NAME**  
**PHONE(S)**

**DO YOU HAVE ANY ALLERGIES OR SIGNIFICANT MEDICAL CONDITIONS (EG., EPILEPSY, DIABETES, ASTHMA, ETC.) AND/OR DO YOU TAKE REGULAR MEDICATION? YES/NO**  
**IF YES PLEASE NOTE DETAILS OVERLEAF.**

**DO YOU HAVE AMBULANCE COVER? YES/NO/PENSIONER**

**I GIVE PERMISSION FOR A PONY CLUB OFFICIAL TO CALL AN AMBULANCE IF NEEDED.**

**I CERTIFY THAT THE INFORMATION DETAILED ON THIS FORM IS BOTH COMPLETE AND CORRECT AND AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE PONY CLUB ASSOCIATION.**

**APPLICANT'S SIGNATURE:**

**PARENT/GUARDIAN'S SIGNATURE:**  
**(WHERE APPLICANT IS UNDER 18)**

**DATE:**

**DATE:**