



TE ATATU PONY CLUB INC

P O BOX 45 157
 TE ATATU PENINSULA
 Ph 09 864 998

Enrolment Form

1st Membership (One parent is free if member is a junior (i.e. under 17 years))	165.00
2nd Member of the same family	135.00
3rd Member of the same family	105.00
Non riding adult	35.00
Non riding junior	65.00
Adult riding membership rallies not included	165.00
Compulsory Key Levy	50.00
Key	12.00
Total Amount Payable		\$.....

Junior Member (under 17) Non Riding Member	Senior Member (17-25) Adult Rider	(please circle)	1 ST Member
SURNAME:		NAME:	
		D.O.B:	
ADDRESS:		SUBURB:	
PHONE (Home):		PHONE (Work):	
MOBILE:			
EMAIL:			

Junior Member (under 17) Non Riding Member	Senior Member (17-25) Adult Rider	(please circle)	2 nd Member
SURNAME:		NAME:	D.O.B:
ADDRESS:		SUBURB:	
PHONE (Home):		PHONE (Work):	
MOBILE:			
EMAIL:			

Junior Member (under 17) Non Riding Member	Senior Member (17-25) Adult Rider	(please circle)	3 rd Member
SURNAME:		NAME:	D.O.B:
ADDRESS:		SUBURB:	
PHONE (Home):		PHONE (Work):	
MOBILE:			
EMAIL:			

NAME OF GUARDIAN JOINING AS MEMBER FOR JUNIOR RIDER

MOTHER:

FATHER:

OTHER:

Riding level and History.

Number of years riding:

Number of years in Pony Club:

Certificates Held:

Owned horse previously:

YES/NO

Experience from riding centre:

Name Riding Centre:

Other:

Are you aiming to sit the next certificate this season:

YES/NO

Name of last pony club attended:

Has written resignation been given to last pony club

YES/NO

Please state any allergies or medical conditions you may have or have suffered from:

AUTHORISATION

**I/We authorise that Te Atatu Pony Club and affiliations of the National Pony Club Association collate this information onto a Pony Club list for use: Yes/No
I have read and understand the rules and regulations and disciplines of Te Atatu Branch of the WADPC by laws and agree to abide by them.
I acknowledge my right to access and correct this information. This consent is given in accordance with the Privacy Act 1993.**

A WORKING BEE AGREEMENT

I/We agree to attend a minimum of 75% working bees

Name of parent.....

Signed:-----Date:-----

FOR OFFICE USE ONLY

Key Number:_____ Amount Paid:_____ Cheque /Eftpos/Internet

Date Paid: _____ Receipt No. _____

Membership Accepted/Declined: _____