

Mount Barker Adult Riding Club Inc (M.B.A.R.C.) Membership Application Form



Name: _____

Address: _____

_____ Postcode: _____

Mobile No: _____

Email : _____

PIC No: _____ (mandatory)

Date of Birth: _____

Fees for 2022/2023 riding year (1 Oct–30 Sep)
New riding members: \$90 (full year), \$60 (half year joining after 1 April)
Renewing members: \$80
Non-riding members: \$25
Website: <https://www.mountbarkerridingclub.com/>
Facebook: Mount Barker Adult Riding Club
Postal Address: PO Box 498, Hahndorf SA 5245

Membership type: (please circle): Riding/Non Riding Payment Amount: \$ _____
(Payment can be made by cash, cheque or EFT (BSB 105-900, Account 171762940, Mt Barker Adult Riding Club). If using EFT, please put your surname as the bank reference and include a copy of your internet transfer receipt as proof of payment.)

Emergency contact details: (mandatory)

Name: _____ Relationship _____ Phone No: _____

Do you have any medical conditions we should be aware of?(please circle).....Yes/No

If “yes”, please specify: _____

Insurance: M.B.A.R.C.’s EA affiliation insurance covers members for Public Liability only at club activities. For personal injury and ambulance cover, members are encouraged to join EA (24/7 personal accident coverage), and Ambulance SA.

Membership is not valid until your application has been approved by the committee and full payment received. Please ensure you are familiar with the contents and requirements of the M.B.A.R.C. Handbook and Safety Booklet available on our website <https://www.mountbarkerridingclub.com/handbook>

Please be aware that as a member of M.B.A.R.C., you accept that pictures of you and your horse may be uploaded to the M.B.A.R.C. website or Facebook page. Like us on Facebook and join our Mount Barker Adult Riding Club Social Group page.

Membership Checklist (please circle):

My signed EA Waiver is attached to this completed membership application form.....Yes/No
I confirm that I have read and acknowledge the requirements of the Handbook & Safety BookletYes/No
I have attached a copy of my EFT payment receipt..... Yes/No

Signature of applicant: _____ **Date:** _____

(OFFICE USE ONLY: Application received: _____ Payment received: _____