

**MARYBOROUGH & DISTRICT WESTERN
PERFORMANCE CLUB INC.**

MEMBERSHIP APPLICATION (please print clearly)

NAME OF MEMBER	Trophy/Gift	COMPETITION HORSE

ADDRESS	
PHONE NUMBER	
E-MAIL ADDRESS	
CONTACT IN EMERGENCY	
MOBILE PHONE NUMBER	
MEDICAL CONDITIONS	

I do agree to abide by the Constitution and Regulations of the Maryborough & District
Western Performance Club Inc.

SIGNED:- _____ DATE : _____

Schedule of Fees for 2006 / 2007` year are a s follows:

TYPE OF MEMBERSHIP	AMOUNT	PAID	
Single Membership	\$15 plus \$35 insurance		
Family Membership	\$20 plus \$35 each rider for insurance		
Junior Membership	\$15 plus \$35 insurance		
Non Members	\$10 insurance per show		

Membership is from 1st August 06 to 31st July 07.

Remember you are not eligible for a end of year High Point Trophy unless you are a member.

Forward the completed form and Membership fees to: -

The Treasurer
Cristina Horton
24 Amador Rd
Maryborough 4650

OR BRING ALONG COMPLETED TO THE NEXT SHOW.

Please Note: The above information will be used to send out newsletters and send phone messages, so please notify us of any changes.