



PMARC INC. APPLICATION FOR MEMBERSHIP

Name: _____
Address: _____
Phone: _____
Email: _____

MEDICAL CONDITIONS

Please list any medical conditions which may influence treatment in an emergency situation e.g. drug allergies, asthma etc.

NEXT OF KIN

Name: _____
Phone (Include Mobile): _____

VET

Preferred Vet: _____

INTERESTS

Western Games Trail Rides Dressage Show Jumping Cross Country
 Natural Horsemanship Other (please specify): _____

INSURANCE

*Please note that the club's insurance does not cover riders for personal accident or public liability. You are strongly advised to insure yourself. **In the event of an accident, the club reserves the right to call an ambulance, if necessary, at the expense of the injured rider.***

FEES

ENROLMENT FEE: **\$160.00** Full Membership
 \$130.00 For adult with child in Peel Metropolitan Horse & Pony Club
RALLY FEE: **\$40.00** To be paid for at the time of nominating (1 week prior to rally)

*Cheques are to be made payable to **Peel Metropolitan Adult Riders Inc.***

EFT: Account Name: Peel Metro Adult Riders **BSB# :** 036 077 **Account # :** 394 559

PHOTOGRAPHY

It is a fact of modern life that cameras are everywhere and anyone may be photographed at any point. From time to time photos taken at rallies or events may be used on our public Facebook page or website. If you do not wish us to use any photos of you on a public forum, please indicate this here:

I do not give permission for Peel Metropolitan Adult Riders to use photographs of me in a public forum.

Applicant Signature: _____ **Date:** _____