



# BERRIMA HORSE TRIALS INC. MEMBERSHIP APPLICATION FORM

Membership runs from 1<sup>st</sup> January to 31 December.

Please send this form, with your remittance to:

Tina Stafford  
B.H.T. Secretary  
567 Meryla Road  
MOSS VALE NSW 2577

Phone 02 4868 2482  
Email: tina.stafford@bigpond.com

### SUBSCRIPTION RATES

<b>Single Member</b> (For one individual)	<b>\$30.00</b>
<b>Family Membership</b> (2 adults & children up to 17 years)	<b>\$50.00</b>
<b>Junior Member</b> (for one individual up to 17 years)	<b>\$20.00</b>
<b>Working Member</b>	<b>Free</b>

Please find enclosed a cheque / money order for \$.....for membership of Berrima Horse Trials Inc. for the period of 1 year. (Cheques made payable to Berrima Horse Trials Inc.)  
OR Direct Deposit to Berrima Horse Trials BSB 802-101 A/c 53539

**YEAR:**.....

**MEMBER'S TITLE:** ( Dr,Mr,Mrs,Miss,Ms,).....

**SURNAME:**.....

**FIRST NAME:**.....

**ADDITIONAL FAMILY MEMBERS:** (for children under 17, please put age.)

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**EMAIL:** .....

(Very important as this how we communicate.)

**POSTAL ADDRESS:**.....

.....

**TELEPHONE: Home**.....

**Mobile**.....

**SIGNED:**.....**DATE:**.....