

FAMILY MEMBERSHIP REBATE/APPLICATION FORM 2024

BATE/AFFEICATION FORM 20

E-mail: <u>reception@equestrianwa.org.au</u> Web: wa.equestrian.org.au State Equestrian Centre 303 Cathedral Avenue Brigadoon WA 6069

- P 08 9296 1200 E reception@equestrianwa.org.au
- I wa.equestrian.org.au
- ABN 53 591 481 584

- A family constitutes a minimum of **four** members of **immediate** family.
- A family group must reside at the same address.
- New members must complete a New Membership Application form or join online.
- ALL members must complete and sign their 2024 Membership Application Form.
- Discount applies to Competitive Membership fees ONLY.
- All applications for the discount must be received together in one payment or;
- All Memberships can be paid online, all receipts and rebate form must then be forwarded to EWA for processing of the rebate.

EXAMPLE: A family with **one** competitive senior member and **three** competitive junior members would normally pay \$491.00 for the competitive senior member and \$273.00 each for the Competitive Junior members.

A total of \$1310.00 less 15%, which is \$196.50. Your total membership fees payable would be \$1113.50.

Please attach each member's signed membership forms & waivers, then return together with the completed section below.

Member No							Member Name	Membership Type Comp Snr or Jnr	Renewal Amount			
									\$			
									\$			
									\$			
								\$				
									\$			
Total Renewal Amount x Members									\$			
Less 15%									\$			
Total Membership Amount									\$			

	AGE	VOTING RIGHTS	24/7 PERSONAL ACCIDENT INSURANCE	REGISTER HORSES	COMPETE OFFICIALLY	FEES YEARLY	
Competitor - Senior	18 +	YES	YES	YES	YES	\$491.00	
Competitor - Junior	3 - 18	NO	YES	YES	YES	\$273.00	

Return to EWA, via Email to <u>reception@equestrianwa.org.au</u> Or via post - 303 Cathedral Avenue, Brigadoon, WA, 6069 Please make cheque/money order payable to 'Equestrian WA'. Emailed applications will not be accepted without credit card details.

Please fill in for full payment or refund/rebate on Credit/Debit Card Only																
Signature:																
Type of Card:	Vi	Visa MasterCard					Expiry Date: / /						Cvv:			
Card Number:																
								Full Payment Total \$								





