



SEYMOUR DRESSAGE & SHOWJUMPING CLUB 2023/2024 MEMBERSHIP FORM

Name		
Date of Birth		
Address		
Postal Address		
Permission to publish photos on FB and website		YES NO
Email Address		
Telephone	Home	Mobile
Current Membership # and club if Associate Member		
Working With Children's Card or VIT Registration		
Please supply a clear image of your WWC or VIT registration		
HRC AV SENIOR LEVY (\$67), INSURANCE (\$103) and CLUB LEVY (\$70) (for members turning 18 years (or over) during the 22/23 financial year)	\$240.00	\$
HRC AV Members Aged 75-79 levy (\$67) Insurance (\$63*) and Club Levy (\$70)	\$200	\$
HRC AV JNR LEVY (\$67), INSURANCE (\$53) and CLUB LEVY (\$70) (for members under the age of 18 years during the 23/234 financial year)	\$190.00	\$
HRC AV NON-RIDING MEMBER	\$40.00	\$
ASSOCIATE MEMBERSHIP – for members belonging to another HRC AV club	\$70.00	\$
Once off Refundable Key Deposit for members with a key to the grounds. If you have already made this deposit, please ignore.	\$20	\$
*Riding members over 75 years old have reduced insurance coverage	Total Paid	\$

Do you object to your mailing details being given to HRC AV Sponsors: (Please circle one)

YES

NO

I agree to abide by all the rules of HRC AV, and of SDSJC as described in the membership information document. Junior members must be accompanied by a parent/guardian, all members must be accompanied by an adult when jumping on SDSJC grounds:

Signature: _____ Date: _____

Parent/guardian signature for junior member: _____

Signed membership forms and [disclaimers](#) must be emailed to the

seymourdsjc@gmail.com

**Payments can be funds transfer to
 BSB: 633 000 AC:165 516 006.
 Members must identify the payment with your surname.**

MEMBER MEDICAL DETAILS:

Members Name	
Date of Birth	
Emergency Contact Name	
Emergency Contact Phone Number	
Doctors Name	
Doctors Phone Number	
Any Allergies (Please List)	
Other relevant Health Details	
Vet Name	
Vet Phone Number	

DO YOU HAVE AMBULANCE COVER? Yes No

The Member acknowledges that if it is deemed necessary, by the Club Officials, that an ambulance will be called to any member who has suffered a serious injury or illness. This will be at the member's expense.

Signature: _____ Date: _____

Parent/guardian signature for junior member: _____

Office Use Only

- Disclaimer signed Receipt issued Update membership register
- Card stamped & signed IPD to HRCVA