



AUSTRALIAN CAPITAL TERRITORY ENDURANCE RIDERS ASSOCIATION INC.

6 Marawa Place Aranda ACT 2614

www.actera.org.au

NEW MEMBERSHIP/RENEWAL FORM

Membership year 1 May – 30 April

Single \$15

Family* \$20

*** 'Family' is up to four people living at one address in a family situation**

Membership type:	New member <input type="checkbox"/>	Renewing member <input type="checkbox"/>
Name(s):	<i>(for family memberships, list all family members at this address)</i>	
	
	
	
Address:	
	
 Postcode:	
Phone:	(m)	(h)
Email:@.....	
.....	
<i>Signature</i>	<i>Date</i>	
Amount paid:	\$	

PAY BY CHEQUE

Send this form with your payment to:

The Secretary
ACTERA
6 Marawa Place
Aranda ACT 2614

(Make cheques payable to ACT Endurance Riders Association)

PAY BY EFT OR DIRECT DEPOSIT

Bank: **Commonwealth Bank**
Account name: **ACT Endurance Riders Association**
BSB: **062 913**
Account number: **00902323**
Reference: **Your last name* and initials**

*You **must** include your name so we can identify your payment. Please send [an email to the treasurer](mailto:cathy.banwell@anu.edu.au) (cathy.banwell@anu.edu.au) advising the date you paid and the name of your bank.