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 □

* A family is defined as being "one or two adults and any dependent children who will be juniors this year; all living at the one address"

Membership type:	New member 🗌	Renewing member
Name(s):	(for family memberships, list all family members at this address)	
Address:		
		Postcode:
Phone:	(m)	(h)
Email:		@
Signature		Date
Amount paid:	\$	

PAY BY CHEQUE

Send this form with your payment to: Bank: Commonwealth Bank Account name: ACT Endurance Riders The Secretary Association ACTERA BSB: 062 913 6 Marawa Place Account number: 00902323 Aranda ACT 2614 Reference: Your last name* and initials (Make cheques payable to ACT Endurance *You **must** include your name so we can identify Riders Association) your payment. Please send an email to the treasurer (cathy.banwell@anu.edu.au) advising the date you paid and the name of your bank.

PAY BY EFT OR DIRECT DEPOSIT

This form can be downloaded from the website at www.actera.org.au/actera/memberform.doc

Document last reviewed 17 May 2012

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