

ARUNDEL PARK RIDING FOR DISABLED INC.

**MEMBERSHIP APPLICATION/RENEWAL
JULY 2009– JUNE 2010**

If you wish to become a member please complete the application form and return to our office in person, by fax on (07) 5574 4836 or post to: Arundel Park RDA
PO Box 210
HELENSVALE QLD 4212

		RENEWAL	NEW
I wish to become an - Ordinary member	\$ 11.00	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer member	\$ 5.50	<input type="checkbox"/>	<input type="checkbox"/>
Junior member (U16)	\$ 2.20	<input type="checkbox"/>	<input type="checkbox"/>
Life member	\$ 1100.00	<input type="checkbox"/>	<input type="checkbox"/>

Full Name: _____ DOB: _____ (if under 16yrs)

Address: _____

Suburb: _____ P/code: _____

Email Address: _____

Phone (H): _____ (M): _____ (W): _____

SIGNATURE: _____ Date: _____

Payment by: Cash Cheque Eftpos Credit Card (complete details below only if applying by post)

Card Name: _____ Card No: _____ Expiry: ____/____

All New Memberships need to be ratified by the committee, which meets the 3rd Monday of each month.

Office Use Only:

Application Received: _____

Date Received: _____ Receipt No: _____

Management Committee - Approved Rejected Date: _____

Member No: _____