



STRATHALBYN SHOW JUMPING CLUB Inc.

PO Box 348
STRATHALBYN 5255

MEMBERSHIP APPLICATION

NAME/S (please include all names of family in a family membership) _____

ADDRESS: _____

PHONE (H) _____ **MOBILE** _____

EMAIL _____

Please print clearly

DATE ____/____/____ (membership financial for 12 months from this date)

ESA MEMBER YES NO **NUMBER** _____

PIC NUMBER _____

Please circle option below

FAMILY MEMBERSHIP \$75.00

(includes 2 adults & 2 children)

SENIOR MEMBERSHIP \$55.00

JUNIOR MEMBERSHIP \$ 45.00

(Under the age of 18 years on day of joining up)