



Side Saddle Association of South Australia

Membership Application Form 2016

(If you were a member 2014/15 and your details have not changed, please write as previous in address line)

Name: Miss/ Ms/ Mrs/ Mr <i>(Please circle one)</i>			
Date of Birth (if under 18 years of age):			
Postal Address:			
Town/ City:		Post Code:	
Phone:		Mobile:	Fax:
Email:			

* Your email address is required if you wish to receive the Newsletter etc via email.

Please join me as a: (Please tick membership type)	Subscription	Quantity	Amount
Senior Membership (Single adult member) <input type="checkbox"/>	\$35- 1 year		
Social (Non-riding) Membership (Single adult member) <input type="checkbox"/>	\$30- 1 year		
Junior Membership (Under 18 years) <input type="checkbox"/>	\$20- 1 year		
Total Amount Payable:			

The SSASA membership year is from January 1st 2016 to December 31st 2016
Membership is for 1 year

Membership of the SSASA provides insurance coverage for the association to compensate third parties when attending and/or participating in association approved activities and events (not personal accident).

Declaration

Please sign the declaration below:

I hereby wish to become a member of the Side Saddle Association of South Australia. I, the undersigned understand, acknowledge and accept that horse sports are a dangerous activity and have had sufficient opportunity to read and understand the Dangerous Activity warning notice accompanying this form.

Signature:	Date:
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If paying membership by direct deposit to SSASA account please provide date of transfer in box to the right.	Direct Deposit Date:
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Please send cheque/ money order payable to:	SSASA Inc
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Please send form and cheque/ money order to:

Treasurer, SSASA
Karen Tanner
 11 De Pledge Court, Wynn Vale, SA 5127
 Australia
 karentanner@internode.on.net

Direct Deposit

Please include your First initial and Last name as reference for direct deposits. Please send completed membership form to the above address.

Sidesaddle Association of SA
BSB 805 022
Account 03511214