

WRERA MEMBERSHIP APPLICATION FORM



SINGLE MEMBERSHIP \$20
FAMILY MEMBERSHIP \$40

Conditions of membership include adhering to the Association's By-Laws. A copy of these By-Laws is available from the secretary and on our website. Membership does not include insurance coverage - Please ensure you and your horse are privately covered.

For your safety and that of your fellow riders, it is the responsibility of the member to advise the committee of any medical conditions which may affect your ride. As a member you are entitled to attend all social riding and harness drives or request a ride day.

PAYMENT DETAILS

BSB: 654 000 – ACCOUNT: 64130830 – ACCOUNT NAME: WRERA

2026 Membership number assigned after payment is received

NAME		
RESIDENTIAL ADDRESS		
POSTAL ADDRESS		
PHONE NUMBER		
EMAIL		
MEMBER DETAILS	NAME	DATE OF BIRTH
Adult		
Adult		
Junior		
Junior		
Junior		
Junior		

OTHER CERTIFICATES (First aid, Blue Card)
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Please contribute to the club by using your accreditation.

Signature of member:

Date Paid:

Please email completed forms to: wrera.secretary@gmail.com Membership 2026 - January to December

YOUR MEMBERSHIP IS APPRECIATED AS IT KEEPS OUR CLUB OPERATING. ALL MEMBERS ARE ELIGIBLE TO HOLD A COMMITTEE POSITION. PLEASE CONSIDER ASSISTING IN THIS AREA. VOLUNTEERING ASSISTS OUR RIDES TO RUN SMOOTHLY