

EQUESTRIAN VICTORIA

APPLICATION FOR FAMILY MEMBERSHIP DISCOUNT

DATE: _ _ _ _ _



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E: info@equestrianvictoria.com.au
ABN: 80 362 146 367

Please print in block letters.

- A family constitutes a minimum of four members of immediate family.
- A family group must reside at the same postal address.
- New members must complete a New Membership Application form.
- Discount applies to Membership fees ONLY
- All applications for the discount must be received together in one payment.
- Offer does not apply to memberships paid online.

EXAMPLE: A family with 1 competitive senior member and 3 competitive junior members would normally pay \$580 for the competitive senior member and \$270 each for the Competitive Junior members. A total of \$1,390 less 15%, which is \$208.50. Your total membership fees payable would be \$1,181.50

Please attach each member's signed membership forms & waivers, then return together with the completed section below.

| Membership Type | Membership No | Member Name | Renewal Amount |
|---------------------------|---------------|-------------------------------|----------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | Total Renewal Amount | \$ |
| | | Less 15% discount | \$ |
| List Additional Payments: | | Total Membership Fees Payable | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | Total Payable | \$ |

TAX INVOICE

Enclose cheque/money order for \$_____ payable to Equestrian Victoria or I authorise payment of the above amount from my: VISA or MASTERCARD

Cardholder Name:

Signature:

Card: / / /

Expires: / CVC: