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| **Logo black on white.jpg** | **Kapiti Riding Club**  **Subscription / Membership Renewal 2018 / 2019** | | | |
| Please send membership forms to: Or scan and email to: mandvballinger@gmail.com  The Treasurer  Kapiti Riding Club  C/- Val Ballinger, 156 Rangiora Road, RD 1, **WAIKANAE 5391** | | | | |
| Name: |  | | | |
| Mailing Address: |  | | | |
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| Phone Numbers: | Hm: ( ) |  | Mobile: | |
|  | Email: | | | |
| 🞎 | YES, I give permission for my email address to be shared with NZ Riding Clubs Assn (our national governing body) | | | |
| **Membership Fees:** | | | | |
| Family/de facto Couple (2 riding adults) (residing at same address) | | | | 🞎 $55.00 |
| Family/de facto Couple (1 riding adult) (residing at same address) | | | | 🞎 $45.00 |
| Single Membership | | | | 🞎 $40.00 |
| Associate Membership (1 non riding adult)  *(Membership fees are half price if joining between 1 January and 30 June)* | | | | 🞎 $20.00 |
| Membership fees may be paid by online banking: If paying by internet banking please use your last name and “Subs” as a reference. – (Please note membership will not be complete until Membership form is received.)  National Bank: 06 0730 0037438 00. | | | | |
| Membership fee total: $ 🞎 Enclosed 🞎 Paid via internet | | | | |
| Please tick if you **do not** wish any photos of yourself that may be taken at club events to be posted on the club website 🞎 | | | | |

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| I agree to abide by the rules of the Kapiti Riding Club. I understand that I participate in club activities at my own risk.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |