

Roping in families since 2006!

2023/24 MEMBERSHIP FORM

Name:			Date:	
Address:				
City:		State:	Postcode:	
DOB:	Age: Phone:	Emai	l:	
Membership Numbe	(if previous member):	Header No.:	Heeler No.:	
Membership Fees in Insurance provides co from. This policy offer conditions because of	Junior 13-17yrs (\$8 Tiny Tot (Free) (Tin Associate (\$66) (N Veterans (\$88) (Co Family Discount (1 clude Personal Accident Instance over for members participating a	(388) (Juniors 13-17yrs cannot by Tots cannot turn 8 between don-Competing Member) by of VA Card required) (3%) (only immediate family urance and are inclusive of at officially sanctioned ATRA of sured person dies, becomes of tubject to the conditions of the	members eligible) GST. Personal Accident events including travel to and disabled, or suffers from certain expolicy. Membership fees do	
	_		on:Buckles Won:	
		_	Breakaway Barrel Race	
	•	·		
			No.:	
	•			
			ntact:	
responsible for any accid at any ATRA events. I ag each event producer as s or promotional purposes obligation or liability from events are dangerous sp guidelines of care for live	lents to myself, my family, my e ree to abide by and understand set out. I also understand that a or TV rights, my name and/or p me. In making this Statement orts, and that serious injury car estock as set out by the Nationa	equipment, or any of my livest d the rules of the Australasian and agree that my image may pictures of me participating in and Release, I further acknown frequently occur. I understal al Consultative Committee on	subsequently be used for publicity this association without any wledge that I am aware that equine	
Competitor Signed:			Date:	
Emergency Contact	Name:	Pho	one No.:	
The following must be coabove named minor; that	empleted if applicant is a minor: t I have carefully read the foreg agree to be bound by the term	I declare that I am one of the poing Statement and Release,	e parents/legal guardians of the that I know the representations	
Parent/Guardian Signed:			Date:	