

Roping in families since 2006!

2023/24 MEMBERSHIP FORM

Name:			Date:
Address:			
City:		State:	Postcode:
DOB:	Age: Phone:	Emai	l:
Membership Number	(if previous member):	Header No.:	Header No.:
Insurance provides cov from. This policy offers conditions because of a	Junior 8-12yrs (\$88) Junior 13-17yrs (\$88) Tiny Tot (Free) (Tiny Associate (\$66) (Nor Veterans (\$88) (Copy Family Discount (10) lude Personal Accident Insurer for members participating at	(3) (Juniors 13-17yrs cannot Tots cannot turn 8 between the Competing Member) (3) (Yes Card required) (4) (Only immediate family trance and are inclusive of the conflicially sanctioned ATRA or the conditions of	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
	•	•	
Temporary Header No).:	Temporary Heeler	No.:
Name of Assigning Ro	per (temporary numbers must be assign	led by an ATRA member)	
			ntact:
responsible for any accided at any ATRA events. I agree each event producer as see or promotional purposes of obligation or liability from nevents are dangerous sponguidelines of care for livest	nts to myself, my family, my eque to abide by and understand to tout. I also understand that and TV rights, my name and/or pione. In making this Statement arts, and that serious injury can also tock as set out by the National	uipment, or any of my livest the rules of the Australasian d agree that my image may ctures of me participating in nd Release, I further acknow frequently occur. I understal Consultative Committee on	wledge that I am aware that equine
Competitor Signed:			Date:
Emergency Contact N	ame:	Pho	one No.:
The following must be comabove named minor; that I	npleted if applicant is a minor: I have carefully read the foregoi gree to be bound by the terms	declare that I am one of the ing Statement and Release,	e parents/legal guardians of the , that I know the representations
Parent/Guardian Sign	ed·		Date [.]