President	C Angus Newcombe	ABN: 39 215 105 87
Secretary	: Tammy Armstrong Mob: 0428 788 050	<i>ФО Вох 1974</i>
Email: <u>t</u> a	nmworthteampenning@mail.com	Tamworth NSW 2340
	2024 Membersl	<u>nip Form</u>
	Application for Membership of Association. (Incorpora	ted under the Association Act, 2009)
	Valid 1 <sup>st</sup> January to 31 <sup>st</sup> Deceml	<u>per 2024</u>
AME:	PHONE:	
DDRESS:		
	POSTCOD	
DWN:		E:
DWN:	POSTCOD	E: Bank Details
)WN: /IAIL: pe of Mem	POSTCOD	E: Bank Details Account: Tamworth Team Penning
)WN: /IAIL: pe of Mem	POSTCOD	E: Bank Details Account: Tamworth Team Penning Bank: Bank of Queensland
DWN: MAIL: <u>upe of Mem</u> umily	POSTCOD	E: Bank Details Account: Tamworth Team Penning
DWN: MAIL: y <u>pe of Mem</u> amily pen		E: Bank Details Account: Tamworth Team Penning Bank: Bank of Queensland BSB: 124 001
DWN:		E: <u>Bank Details</u> Account: Tamworth Team Penning Bank: Bank of Queensland BSB: 124 001 Account Number: 222 04856

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Member Number	Name	Date of Birth	Division Open / Youth / Junior

TOTAL PAYMENT: \$.....

In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force. Parent to sign on behalf Youth/Junior Riders (Under 18 years of age)			
Signed:	Dated:		
Signed:	Dated:		
<ul> <li>I agree/ disagree to my photo to be used for the purpose of promotion/advertising on behalf of the Association. (Please circle one)</li> </ul>			