



<b>OFFICE USE ONLY</b>	
<b>DATE RECEIVED:</b>	.....
<b>MEMBER #:</b>	.....

**Shoalhaven Showjumping Club Inc**  
**Membership Application**

**www.shoalhavenshowjumpingclub.org.au**

I wish to apply for membership of the Shoalhaven Showjumping Club Inc. (SSJC Inc.) for financial year  
2009/2010

**Title** Dr/Mr/Mrs/Miss/Ms **Surname** ..... **Given Names** .....

**Address** .....

..... **State:** ..... **Post Code:**.....

**Work** ( ) ..... **Home** ( ) ..... **Mobile** .....

**Work Fax** ( ) ..... **Home Fax** ( ) .....

**Email address** (print clearly) .....

**Date of Birth** (if under 18 yrs) ...../...../ 19.....

**Category** (tick one)  **Adult member \$60**  **Junior member ( under 18 years) \$20**

**This application must be signed by 2 financial members of SSJC Inc.**

**A) Name** ..... **Signature** .....

**B) Name** ..... **Signature** .....

**Procedure** **Send the completed application form and signed EFA Disclaimer only.**  
Your application will be considered at the next committee meeting.  
The Secretary will inform you in writing when to forward your fee.

**NOTE:** The SSJC Inc. Membership year runs from **1<sup>st</sup> June–31<sup>st</sup> May**. For New Members joining during the year the membership fee will be payable again on **1<sup>st</sup> June**.

**If my application is accepted I agree to be bound and abide by the Rules, Regulations and By-laws of the SSJC Inc. I also acknowledge having received and returned a signed EFA Disclaimer Statement.**

**Signature** ..... **Date** ...../...../ .....

**NOTE:** Your membership is only finalised upon successful payment of the membership fee. If for any reason the processing of your payment is unsuccessful then your membership will not be valid.

Please return to:The Secretary, SSJC Inc.  
Ms Sharon Cooper  
25 Gwinganna Avenue Kiama 2533 Mobile 0402276993 Ph: 02 42322338  
E Mail: [sharoncooper@exemail.com.au](mailto:sharoncooper@exemail.com.au)