



Cooloola Dressage Association Inc.

PO Box 277 Gympie 4570 suedale@spiderweb.com.au

www.coolooladressage.org.au

Membership Application 2020

Family Name	Given Name	DOB	Membership type	EQ Membership (if applicable)	Blue Card No	Blue Card Exp. date
Postal Address						
Email Address						
Phone			Mobile			
Nominated By						
Seconded by						

Membership Fees: 1st January to 31st December 2019 (please circle)

Individual membership	New \$50.00	Renewal \$45.00
Family Membership (2 adults & children in same family)	New \$65.00	Renewal \$60.00
Non-riding Membership	New \$35.00	Renewal \$30.00
All membership applications must be accompanied by a completed EA Member Dangerous Activity Acknowledgement form for EACH member applicant.		CDA Newsletters will be emailed to nominated email address.

Download forms and programmes from www.coolooladressage.org.au

Membership entitles you to
 - Eligibility for the 2019 Leader Board Awards - A periodic newsletter

YOUR HELP IS REQUIRED:

The only way our club can continue to run the competitions that we all enjoy and would like to ride in, is with the assistance of members and volunteers. It is compulsory that all members assist at club activities. Please indicate below where you can assist our club.

CDA member helpers will receive a discount voucher to go toward their nominations at the next club event. Some of the roles CDA needs help with are: (Please tick at least one preference to assist CDA)

Scoring	Writer/Penciller	Workers Roster	Leaderboard	Programs
Results to EA	EA Calendar	Scratchings	Erection of Arena's	Competition Draw
Announcer	Judges contact	Membership Register	Clipboards / Test sheets	Fundraising/Promo.
Gear Check	Penciller's contact	Newsletter	Ribbons	Prizes

CDA is happy to provide training to assist you to learn a job so that you can assist. Please specify which job/s you would like to be trained in and be able to assist with:

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Emergency Contact Details:

In case of an emergency accident, injury or illness occurring the club needs the details of two persons who can be contacted on your behalf. Please complete the following information:

Name	Relationship	Mobile Ph	Landline ph

Medical Conditions:

This information will assist medical support should an emergent medical incident occur whilst you are attending a club activity. Please state if you or your family members have any medical conditions eg asthma, epilepsy, heart condition, diabetes, etc

Member's Name	Medical Condition	Allergies

Do you give permission for CDA to contact your family doctor? Yes / No (please circle one option) If "Yes" please provide details of your doctor:

Dr Name	Medical Practice name	Phone No	After hours no

NEW Bank Details : Cooloola Dressage Assoc.

BSB : 633 000 Account number : 166 238 634

When Direct Depositing please use "your Name & Membership" as Payment Reference

Your membership application must include

- Completed membership application form
- Proof of payment of membership fees \$
- A completed EA "Member Dangerous Activity Acknowledgement" form for EACH member included on this membership application. (This form is available on the CDA website www.coolooladressage.org.au)

Please mail / email the above forms, with proof of payment of membership fee, to:
Cooloola Dressage Association, PO Box 277, Gympie Qld 4570. Or suedale@spiderweb.com.au

I / We wish to apply for membership to Cooloola Dressage Association for 2019.
In joining Cooloola Dressage Association I agree to comply with all club rules and conditions.

Signed: Date

(Member / parent or guardian of Junior member / parent or guardian of family group)