

## Membership Applicants

Family Name	Given name	Date of Birth	Membership (Individual / Family / Non Riding)	EQ Membership (if applicable)	Blue Card Number (if member is over 18yrs)	Blue Card Expiry Date

Postal Address:

Email Address:

Phone:

Mobile:

### Day Membership Fees: \$20.00

#### 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 Phone	Landline Phone

#### 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	Telephone Number	After Hours Number

#### Bank Details : Cooloola Dressage Assoc.

BSB : 633 000 Account number : 166 238 634

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

#### Your day membership application must include

- Completed day membership application form
- Proof of payment
- A completed EA "Member Dangerous Activity Acknowledgement" form

Please mail / email the above forms, with proof of payment of membership fee, to:

Cooloola Dressage Association, PO Box 277, Gympie Qld 4570. Or [cda@spiderweb.com.au](mailto:cda@spiderweb.com.au)

I / We wish to apply for day membership to Cooloola Dressage Association for the training/competition date .....

I agree to comply with all rules and conditions of Cooloola Dressage Association,

Signed: ..... Date: .....

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