

# THE AUSTRALIAN TEAM PENNING ASSOCIATION INC

1055 Blacksnake Road, Kilkivan Qld 4600

Ph 07 54 841331

NAME: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ P/CODE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

Home

Work

Mobile

NAMES OF OTHER MEMBERS IN THE CASE OF FAMILY MEMBERSHIP

\_\_\_\_\_  
\_\_\_\_\_

If Junior Member date of Birth: \_\_\_\_\_

- |                          |         |                                 |
|--------------------------|---------|---------------------------------|
| <input type="checkbox"/> | ADULT   | \$20.00                         |
| <input type="checkbox"/> | JUNIORS | \$10.00 (18 Years & Under)      |
| <input type="checkbox"/> | FAMILY  | \$30.00 (2 Adults & 3 Children) |
| <input type="checkbox"/> | CLUB    | \$75.00                         |
| <input type="checkbox"/> | DAY     | \$5.00                          |

Please find enclosed a cheque/money order made out to The Australian Team Penning Association Inc for the amount of \$ \_\_\_\_\_

I/we agree to abide by the Constitution and the Rules of The Australian Team Penning Assn Inc as determined from time to time. Note: all memberships shall become due and payable on the first day of February each year.

I/we declare that we have read, understand and agree to the terms and conditions of the Liability Waiver Form (attached).

NAME: \_\_\_\_\_ Signed \_\_\_\_\_

NAME: \_\_\_\_\_ Signed \_\_\_\_\_

NAME: \_\_\_\_\_ Signed: \_\_\_\_\_

NAME: \_\_\_\_\_ Signed: \_\_\_\_\_

