



SHOWJUMPING CLUB
At Brookleigh Estate

2009 Annual Membership

Name _____

Address _____

Email _____

Home phone _____ Mobile _____

EWA# _____ PCAWA # _____

SRSJC Membership (please circle): Individual (\$45) Family (\$75)

Preferred Helper Duties (please circle): Penciller Timer Arena Party Marshal

Emergency Information

Emergency Contact _____ Relationship _____

Home phone _____ Mobile _____

Member's Medical Conditions _____

— Doctor's name _____ Phone _____

Doctor's address _____

Ambulance cover (please circle) Yes No

Payment

Cheques payable to Swan River Showjumping Club Inc. Please mail to Gerardine Mioceovich,
99 Albert Road, Middle Swan WA 6056. Enq: 0417989608 or email tom.m99@bigpond.com