The Australian Light Horse Association Ltd.

Membership Renewal return to:

PO Box 6184 QUEANBEYAN **EAST** NSW 2620
Email: alha_membership@outlook.com

2023/2024 ALHA MEMBERSHIP RENEWAL / Waiver

(1 July 2023 – 30 June 2024)
Please complete personal details and sign – this form MUST be completed

Then return to the above address or email a scanned copy to: alha_membership@outlook.com

Title:...........Name:...DOB:..............……

Address: ....

....STATE ....   POSTCODE ....

Phone (H): ....   Phone (M):...

Troop: ....

Email: ....Membership No: ....

If applicable
Firearms Permit No: ....State: ....Expiry Date:........./........./............

☐ Riding Member **$85**   ☐ ATA Tentpegging Riding Member **$60**   ☐ Non Riding Member **$60**

Method of Payment: ☐ Cheque/Money Order   ☐ **Direct Deposit** - *Reference with your Surname & memb number*

I attach payment by cheque/money order or I have electronically transferred the funds to:

Acc Name: **The Australian Light Horse Association**
BSB: **654 000** Account number: **32006425** On   /   /   – Receipt number

Member Declaration

✓ *BY RENEWING MY MEMBERSHIP OF THE AUSTRALIAN LIGHT HORSE ASSOCIATION LTD.*
✓ I agree to abide by the Rules and Regulations of the Association (Available on our website.)
✓ I declare that the details I have provided regarding my personal information are true and correct.
✓ I acknowledge that Membership does include Personal Accident Insurance.
✓ I understand that the Public Liability insurance only covers Members in Australia and other nominated locations (as stated in the policy) engaging in Light Horse activities. The renewal cycle for the Association is from the 1st of July to the 30th June the following year and pro rata rates do not apply. Copies of the Association magazine "Spur" will be forwarded to the above address each year.
✓ I acknowledge that horse sport is dangerous and that accidents causing death, bodily injury, disability and property damage can, and do happen. I acknowledge the inherent risk associated with horses and equine activities.
✓ I acknowledge and agree that **neither ALHA nor "the organizers" shall be under any liability for death, or bodily injury, loss or damage** which may be sustained or incurred by the applicant, as a result of participation in or being present at ALHA endorsed events, except in regard to any rights I may have arising under the Trade Practices Act or State Laws.
✓ I acknowledge that I have read and understood the information provided in this membership form and on the ALHA website regarding codes of conduct, training and presentation.

MEMBERS SIGNATURE REQUIRED HERE:

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

Signed Parent/Guardian:.. **Date:**.....................

FOR OFFICE USE ONLY:		Cheque /MO/EFT/
Date received:	Amount: $	Receipt No: