



## Membership Form 2020-2021

Name of Member: \_\_\_\_\_ HRC AV No: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact Details

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (M) \_\_\_\_\_

### Medical Details

Doctor's Name and Clinic: \_\_\_\_\_

Doctor's Telephone No: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Ambulance Membership Number: \_\_\_\_\_

Private Health Insurance details: \_\_\_\_\_

Other Relevant Health History/ Allergies: \_\_\_\_\_

\_\_\_\_\_

Vets Name and Clinic: \_\_\_\_\_

Telephone: \_\_\_\_\_

Do you have any objections to your mailing details being given to the HRC AV's Sponsors?  YES  NO

Do you agree to photographs of you at club activities and competitions being added to the Club's Website and social media?  YES  NO

By signing below, I agree to abide by all the rules of the club, the club's Code of Conduct and HRC AV rules. I understand that in the event of an accident an ambulance will be contacted and that I am responsible for any costs incurred if I don't have Ambulance cover.

Signed:

Date: