



MEMBERSHIP APPLICATION FORM

(1 Aug 2025 to 31 July 2026) One form PER PERSON as all members must sign an indemnity form.

I wish to become a member with the PRAC

- ☐ Family membership \$90.00 (2 Adults (parents) + 2 Children)
- ☐ Single membership \$50.00
- ☐ Youth membership \$30.00

NAME: _____

ADDRESS: _____

BREED ASSOCIATION MEMBERSHIP# _____

PHONE: _____ **MOBILE:** _____

Please tick any if they refer to you;

☐ I am an AMATEUR or AMATEUR SELECT competitor. You must provide a copy of your Association membership card as proof of eligibility.

☐ I am a YOUTH. Please provide Date of Birth: _____

Legal Parent/Guardian: _____ Contact #: _____

☐ I am an Equestrian with Disabilities (EWD) competitor? You must provide a copy of your medical certificate and your breed association eligibility endorsement with this application.

I/We hereby agree to abide by the Constitution and Rules & Regulations of the Perth Regional Appaloosa Club. SIGNATURE HERE > _____

List Horse/s to be shown this season

Horse Name:

Breed: _____ Rego Number: _____
Owner: _____ Breed Membership No#: _____
Handler: _____ Breed Membership No#: _____
Horse Name:

Breed: _____ Rego Number: _____
Owner: _____ Breed Membership No#: _____
Handler: _____ Breed Membership No#: _____

**** Please note all owners and handlers must be a member of the club to gain points towards end of year hi point awards****

PAYMENTS: DIRECT DEPOSIT: BSB: 633000 Account #:206737363 Name: PRAC

Transaction Number: _____ Date Pd: _____

SEND TO EMAIL: Perthregionalappaloosaclub24@gmail.com

All enquiries are welcome. Please contact our PRESIDENT on 0498122337 or email Perthregionalappaloosaclub24@gmail.com