

**TRIALS CLUB OF CANBERRA MEMBERSHIP FORM 2015**



**Family Name**  **Given Names**  **Date of Birth**  /  /

**Address**  **Postcode**

**Mobile Phone No.**  **Home Phone No.**  **Work Phone No.**

Check this box if we can send your Newsletter by email

**Email address**

**Family Members - Name and Date of Birth**

<input type="text"/> / /	<input type="text"/> / /
<input type="text"/> / /	<input type="text"/> / /
<input type="text"/> / /	<input type="text"/> / /

**TYPE OF MEMBERSHIP AND FEES, please tick one**

Family \$60     Single \$40

Non-riding (Single or Family) \$15

- Send a cheque/money order payable to "Trials Club of Canberra Inc." with your renewal application to Trials Club of Canberra, PO Box 4017 Kingston, ACT 2604

OR

- Electronically transfer funds to our club account Service One Members Banking.  
Account Name: Trials Club of Canberra, BSB No.: 801 009, Account No.: 001029444  
Please include your family name in the transfer details.
  - Email Membership Secretary on [trialben@homemail.com.au](mailto:trialben@homemail.com.au) or you can phone 0406 375 676 if you have any questions.
  - Renewing members , if paying electronically, only need to send form to record any changes.
- OR
- Bring your form and monies to 37 Willoughby Crescent, Gilmore, ACT, 2905