Club Affiliation Registration Form for the Month of……

Please List Names of NEW and PREVIOUS members who join this month & Return to PCAQ, PO Box 293, Northgate 4013

NB: **Member registrations cannot be accepted unless all columns are completed and correct payment enclosed**

INCOMPLETE FORMS WILL BE RETURNED TO CLUB **Please tick Coach & Level plus Transfer Clearance column if applicable**

Club: _____ Zone: _____ Secretary: _____ Phone: _____ Date: _____

Surname	Given Name(s)	Member Number	Transfer Clearance	Sex M/F	Date of Birth	**Address and Email**	Post Code	**Coach Level**	**Blue Card Number**	Riding **$80**	Social **$35**	Waiver & Indemnity Member declaration Signed	M/ship Form Complete & Signed Giving consent to supply details	Receipt Number

Remember to include all riding or non-riding members, Include PCAQ Member number or if new member put N in column **(Please photocopy form if space insufficient)**

This sheet is to be completed, printed & posted into PCAQ along with the Club Cheque for processing. This cannot be accepted as an emailed document

Key – Coach Level:

NCAS Preliminary	PCAQ Level C
NCAS Level 1	PCAQ Level B
PCAQ Specialist	PCAQ Level A

TOTALS				**=$**