



# COMMONWEALTH CLYDESDALE HORSE SOCIETY AUSTRALIA

(Federal Council) Incorporated  
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**MEMBERSHIP NO.**  
For office use only  
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## **APPLICATION FOR JUNIOR COMPETITOR LEVY ENTITLEMENT**

(For Competitor Under-18 years of age)

**NAME:** .....

**POSTAL ADDRESS:** .....

**Suburb:** ..... **Postcode:** .....

**TELEPHONE:** ..... **MOBILE:** .....

**EMAIL:** .....

**SEX:** .....

**DATE OF BIRTH** (Please attach Proof of Age): .....

I wish to compete in events conducted by this Society and/or a Branch of this Society and agree to pay the annual Junior Competitor Levy. I understand that payment of this levy is required for insurance purposes and does not entitle me to membership of the Society, and that the annual levy falls due on 1st July of each year. I agree to abide by all decisions of the Society in relation to all matters arising out of or in connection with each event in which I participate.

**Enclosed is payment total of \$11.00 (GST inclusive) being for current year Junior Competitor Levy.**

**I, as the representative of the above named Junior accept the above agreement.**

**Signature of Parent or Legal Guardian:** .....

**Printed Name:** .....

**Date:** .....