

**DOONGALA ADULT RIDING CLUB Inc #A0012950T****APPLICATION FOR MEMBERSHIP AS AN ASSOCIATE
FROM 1 NOV 2025– 31 OCT 2026**

Name _____ DoB _____

Address: _____

_____ P/code _____

Phone:(H) _____ (Wk) _____ (Mob) _____

Newsletter By Email - address: _____

HRCav Green M/ship Card No: _____ Do you require a new green card? _____

Are you a member with any other riding club? Yes/No If YES Name of club _____

PRIVACY, your personal information is provided to the HRCav office for administrative purposes. Members may opt out of receiving promotional material from the HRCav sponsors and third parties by notifying the office staff in writing. Email is fine. Any members who have concerns about the release of their information should phone the office and steps can be taken to ensure your details are not released.

Please read the following carefully:

I, _____ HEREBY APPLY FOR **ASSOCIATE**
MEMBERSHIP OF THE DOONGALA ADULT RIDING CLUB INC

I AGREE TO

1. Wear an approved helmet when mounted and appropriate footwear at all times. (Failure to do so negates insurance cover.)
2. Be aware of safety of other riders at all times, eg. give way to riders under instruction, move cautiously.
3. If using the grounds book on the Doongala Grounds Booking record on Facebook.

I UNDERSTAND THAT

4. I may book to ride at the rally on first Saturday of each month and pay a fee of \$40 per rally.
5. I may compete in HRCav events as a Doongala club member, including Doongala ARC events.
6. **I am required to ASSIST WITH THE RUNNING OF CLUB EVENTS and HELP AT WORKING BEES for a total of 8 hours.**
7. **I am welcome to socialise with other club members at rallies on the first Saturday of the month and have input at a committee level if I wish to be involved in the running of the club.**

Club Joining Fee (new members only)	\$50.00	
Membership Fee (1 November, 2025- 31 October, 2026)		\$400.00

Total payment (Payment to DARC acc is preferred) \$ _____

**FEES ARE NOT REFUNDABLE OR TRANSFERABLE.
(INSURANCE DOES NOT COVER PARELLI HORSEMANSHIP)**

I accept that horse riding is a hazardous sport and I indemnify the Doongala Adult Riding Club Inc against any claim for injury I might suffer while I am engaging in this sport.

SIGNED _____ DATE _____

PAYMENT BY BANK DEPOSIT Bendigo Bank. BSB 633 000 Acc No: 14327 8059 Acc: Name: Doongala Adult Riding Club Inc. Please state your surname & membership number on the deposit reference and **INCLUDE COPY OF RECEIPT/proof of payment** with this completed application form, medical form and signed HRCav insurance indemnity form. OR send proof of payment with this completed application and medical form and signed HRCav insurance indemnity form either via email to secretary@doongala.org or send to

To: The Secretary, DARC, 1419 Healesville Kooweerup Rd, Woori Yallock 3139

Fees must be paid prior to riding at the DPC grounds from 1st November 2025.