**FAR NORTH ENDURANCE RIDERS ASSOCIATION INC**

**2025 MEMBERSHIP FORM**

# Payment to:

ANZ Bank BSB 014-577 acc 3918 64307

# Send receipt and form to:

Secretary FNERA e: fnera@outlook.com or

Postal: PO Box 472 Gordonvale Qld 4865

ALL sections of this form must be completed.

To be eligible to vote at AGM, must be a financial member by May.

FNERA Life Members are not required to pay membership but are requested to update contact details.

# I/We wish to become member/s of the Far North Endurance Riders Association Inc. In doing so, I/we undertake to conduct myself/ourselves in a manner not to be injurious or prejudicial to the character or interests of this group, QERA or the sport of endurance riding. I/We also undertake to abide by the riding rules, procedures and the veterinary standards of the AERA/QERA.

 **NEW FEES FROM 1st JANUARY 2022**

|  |  |  |
| --- | --- | --- |
| **CLASS OF MEMBERSHIP** | **ANNUAL FEE** | **VOTING RIGHTS** |
| Single | $40 | One vote |
| Junior | $25 | Not eligible |
| Associate | $25 | Not eligible |
| Non-Riding | $25 | One vote |
| Family (2 adults 2 children)Extra children | $70$10 | Two votes per family |
| **DETAILS: NOMINEE 1** | **DETAILS: NOMINEE 2** |
| **Class of Membership:** | **Class of Membership:** |
| **Given Names:** | **Given Names:** |  |
| **Surname:** | **Surname:** |  |
| **Postal Address:** | **Postal Address:** |  |
| **Phone:****Email:** | **Phone:****Email:** |  |
| **Signature:****Date:** |  **Signature:****Date:** |  |
| **PROPERTY PIC NUMBER:** |  |
| **Juniors:** **Name: DOB:** **Name: DOB:**  |  (If children are under 18 years of age, parent/guardian to sign)   PARENT/GUARDIAN…………………………………. DATE |

 Total Amount Payable $.....................

New Members:

I…………………………………………………. nominate the above signed to become a financial member(s) of the FNERA

I…………………………………………………. second this nomination Nomination: Accepted / Declined