FAR NORTH ENDURANCE RIDERS ASSOCIATION INC 2024 MEMBERSHIP FORM

Payment to:

ANZ Bank BSB 014-577 acc 3918 64307

Send receipt and form to:

Secretary FNERA e: <u>fnera@outlook.com</u>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.

ANNU	AL FEE	VOTING RIGHTS
\$40	113-11	One vote
\$25	and an and a second sec	Not eligible
\$25		Not eligible
•		One vote
		Two votes per family
\$10		
	DETAILS: N	NOMINEE 2
	Class of Memb	pership:
2	Given Names:	~ .
	Surname:	100
1000	Postal Address:	
ASSANC	ELAN	
-0901CIA	Phone:	
	Email:	
	Signature:	
	Date:	
((If children are under 18 years of age, parent/guardian to sign)	
DOB:	PARENT/GUARDIAN	
DOB:	DATE	
nt Pavable \$		
nominato the above signed	d to become a fi	inancial member(s) of the FNERA
noninate the above signed		
	\$25 \$25 \$25 \$70 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$1	\$25 \$25 \$70 \$10 DETAILS: N Class of Memb Given Names: Given Names: Surname: Postal Address Postal Address Phone: Email: Signature: Date: (If children are under DOB: PARENT/GU DATE