



# MEMBERSHIP FORM 2021

West Australian Team Penners Association Inc.

WATPA Office Use Only	
SURNAME:	_____
Date Received:	___/___/___
M'ship #:	_____

\*Note WATPA member awards – points count from financial membership date only\*

NEW MEMBER       RENEWAL M'ship #:       RSNCA MEMBER \*REQ\*

<b>Surname:</b>		First Name:	
Address:		Phone:	
		PC:	
<b>Email:</b>			
(All WATPA correspondence and newsletters will be emailed unless otherwise arranged.)		DOB: ___/___/___ (only needed for junior members)	

<b>Riding Ability:</b> <input type="checkbox"/> 1 Beginner <input type="checkbox"/> 2 Novice/Average <input type="checkbox"/> 3 Experienced	<b>Other Family Members (for family m'ships):</b>	
	<b>Name:</b>	<b>DOB:</b>
<b>Team Penning Experience:</b> <input type="checkbox"/> 1 Never participated/worked cattle <input type="checkbox"/> 2 Novice/some experience with cattle <input type="checkbox"/> 3 Experienced competitor	Riding Ability:	TP Exp:
	<b>Name:</b>	<b>DOB:</b>
	Riding Ability:	TP Exp:
	<b>Name:</b>	<b>DOB:</b>
	Riding Ability:	TP Exp:

For "Riding Ability" and "TP Exp" fields, please use numbers as per table above left

## MEMBERSHIP TYPE:

<input type="checkbox"/>	Individual without shirt - <b>\$60</b> Individual without shirt - <b>\$45</b> (from 30/6/21)	Individual with shirt - <b>\$110</b>	
<input type="checkbox"/>	Junior & Juvenile (from 8 to under 18 years) without shirt - <b>\$50</b>	Junior/Juv with shirt - <b>\$100</b>	
<input type="checkbox"/>	Family (2 adults & up to 2 under 18 children living at same address) - <b>\$120</b>	Shirts cost <b>\$80</b> on their own	
<input type="checkbox"/>	Member – non rider - <b>\$30</b>	Shirt size: _____	
	Shirt colours: selection is of Ringers Western Shirts – our shirts are through BK8	Shirt Colour: _____	
<b>TOTAL</b>			

**PAYMENT:** Application to the WATPA may be accepted or denied without recourse of any nature

<input type="checkbox"/>	Direct Credit - Please use your initial and surname as the reference and complete payment BEFORE forwarding signed forms
BSB: 633000 Account #: 137947750 A/c Name: WATPA	
Email to: watpa.general@gmail.com	

I, \_\_\_\_\_ verify that the information given above is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE NOTE: You will need to send a signed waiver to compete or attend practices and/or clinics.

WATPA Memberships valid 1 December 2020 to 31 November 2021