



Membership Form

This Form is for the Competition Year 1st April 2019 to 31st March 2020

You can now complete your ACA Membership online! Go to www.campdraft.com.au and select the 'Membership' tab

- Note: Membership Forms will not be processed unless all fields are completed and the Release & Waiver is signed.
Note: Eligibility for Juvenile, Associate and Master Rider Titles are determined by date of birth (DOB) on this form.
Note: If a Junior or Juvenile wishes to gain points in Open Age Drafts, Adult Membership is required.
Note: The ACA News is issued per membership account and will be sent to the below mailing address.

Name: Parent/Guardian (If Applicable):

DOB: Gender: M / F Member No:

Mailing Address: Suburb: State: P/code:

Residential Address: Suburb: State: P/code:

Email: ACA Zone:

Phone: / Member Type: Junior / Juvenile / Adult / Non-Competing

Adult member type only: (Please select ONE) Are you eligible for a Maiden OR Novice rider title for this year?

Additional ACA Members:

Table with 6 columns: Name, DOB, Member Type, Gender (M or F), Member No. (if renewing member), Rider Status (refer to table below)

Table with 2 columns: Membership Type, Membership Fee. Rows include Adult Membership, Juvenile Membership, Junior/Mini Membership, Non-Competing Membership, Couple, Family, and Junior Magazine Subscription.

Table with 1 column: Rider Status. Rows include Maiden Rider and Novice Rider definitions.

RELEASE AND WAIVER FORM TO BE SIGNED OVER THE PAGE

Memberships will not be processed until release and waiver is signed

AMOUNT: \$ _____





Release and Waiver of Liability

In consideration for me being allowed to participate in all competitions, events and activities run by the Australian Campdraft Association Inc. (ACA).

I hereby agree that:

1. I understand and acknowledge that Campdrafting is a dangerous activity and may result in **serious injury, permanent disability or death.**
2. I understand and acknowledge that I RIDE AT MY OWN RISK.
3. By signing this document I understand and acknowledge the rules of the ACA and agree to be bound by the Constitution, Rules, By-Laws, Regulations and Policies of the ACA.
4. By signing this document I:
 - a) Waive all of my legal rights of action against the ACA from any claim, for loss, damage, injury, death or permanent disability howsoever arising and incidental to myself or my child attending at and/or participating in an ACA organised event. This waiver includes but is not limited to liability for any negligent or tortuous act or omission, breach of duty, breach of contract or breach of statutory duty on the part of the ACA, and
 - b) Release the ACA its assigns, its office bearers, employees or agents from all such claims.
5. I acknowledge that:
 - a) I am eighteen 18 years of age or if I am under eighteen 18 years of age my parent or guardian is also required to read and sign the Release and;
 - b) That my signature to this document constitutes a complete and unconditional release of all liability of the ACA and any Campdraft affiliated with the ACA to the extent permitted by law in the event of me and/or the children under my care suffering injury, death or permanent disability.

Full Terms and Conditions can be found on the ACA website at www.campdraft.com.au under General Information Competition Rules and Guidelines ACA Rule Book

Member Name: _____ Signature: _____ Member/Parent/Guardian (Please circle)

Member Name: _____ Signature: _____ Member/Parent/Guardian (Please circle)

Member Name: _____ Signature: _____ Member/Parent/Guardian (Please circle)

Member Name: _____ Signature: _____ Member/Parent/Guardian (Please circle)

Member Name: _____ Signature: _____ Member/Parent/Guardian (Please circle)

Member Name: _____ Signature: _____ Member/Parent/Guardian (Please circle)

Print Name of Parent/Guardian signing above: _____ Date: _____

Members under the age of 18 years must have a Parent or Guardian signature

Select payment method:		Date payment made: _____
<input type="checkbox"/> Credit Card:	Card No: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ Expiry Date: _ _ / _ _ CVV: _ _ _ Total: \$ _____	
	Cardholder's Name: _____ Signature: _____	
<input type="checkbox"/> Cheque:	Cheque Number: _____ Name on Cheque: _____ Total: \$ _____	
<input type="checkbox"/> Direct Deposit:	Bank: _____ Reference Number (Invoice No. or Membership No. & Surname): _____ Total: \$ _____	
Account Name: Australian Campdraft Association Inc. Bank: Westpac BSB: 034 -171 Account: 171 918		
Payments received via bank transfer will be left unallocated if a reference number is not provided to identify the payment		
Office Use:		Date payment processed: _____
Payment Method: _____ Receipt Reference (& Committee Name if required): _____		
Chq Number: _____ Name on Chq: _____		Total: _____

