



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*

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

Riding Ability: <input type="checkbox"/> 1 Beginner <input type="checkbox"/> 2 Novice/Average <input type="checkbox"/> 3 Experienced	Other Family Members (for family m'ships):	
	Name:	DOB:
Team Penning Experience: <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:
	Name:	DOB:
	Riding Ability:	TP Exp:
	Name:	DOB:
	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 - \$60 Individual without shirt - \$45 (from 30/6/21)	Individual with shirt - \$110	
<input type="checkbox"/>	Junior & Juvenile (from 8 to under 18 years) without shirt - \$50	Junior/Juv with shirt - \$100	
<input type="checkbox"/>	Family (2 adults & up to 2 under 18 children living at same address) - \$120	Shirts cost \$80 on their own	
<input type="checkbox"/>	Member – non rider - \$30	Shirt size: _____	
	Shirt colours: selection is of Ringers Western Shirts – our shirts are through BK8	Shirt Colour _____	
TOTAL			

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 **waver** to compete or attend practices and/or clinics.
WATPA Memberships **valid** 1 December 2020 to 31 November 2021