



Riding for Disabled Association of Queensland Inc

MEMBERSHIP (Associate Membership)

January 2016 – December 2016

I wish to apply for membership of RDAQ (No Fee applicable)

NAME _____

ADDRESS _____

TELEPHONE _____

MOBILE _____

EMAIL _____

CENTRE _____

I understand and agree that:

- My personal details will be provided to the Riding for Disabled Association Of Queensland Inc
- My name will be given to the insurance broker
- My name & address may be given to RDAQ sponsors
- I understand and agree that images of RDA activities that may include me may be used by the centre and RDAQ for publicity purposes.

Signed: _____ Date: _____

RDAQ CONSTITUTION

4.(1) The membership of the Association shall consist of the following classes of members:-

a. Associate Members

Subject to this Constitution any person who is interested in riding for the disabled, and furthering the objects of the Association shall be eligible to become an associate member of the Association on the following basis:

Any member registered as a riding member with RDAA through a centre affiliated with Queensland RDA

Any parent, carer, support worker or family member of riding members who qualify under clause d)1.

Any Coach registered with RDAA through a centre affiliated with Queensland RDA

Any volunteer who is registered with a centre affiliated with Queensland RDA

5. Any person who supports the association and is interested in riding for the disabled, and furthering the objectives of the Association shall be eligible

Please forward this form to:

Riding for Disabled Association of Queensland
PO Box 529
Burrpengary QLD 4505