

Hidden Valley Owners' Co-operative Society Limited

ABN 92 307 909 642

APPLICATION FOR MEMBERSHIP
Ref: The Co-Operatives Act of 1922 reg. 25

Applicant surname (one (1) name only)	
First Names	
Residential Address	
Post Code	
Postal Address	
Post Code	
Tel No. Home	
Tel No Work	
Fax No.	
Email Address	
Credit Card Details.	
Date of Birth	

1. I hereby apply to be admitted as a member of Hidden Valley Owners' Co-Operative Society Limited, and to be allocated five (5) shares herein. In respect of such application, I lodge the sum of ten (10) dollars which is made up as shown hereunder.
2. If this application be approved and the shares in the aforesaid be allotted to me, I agree to pay all charges required by the Society applicable from time to time as and when due and payable. A list of current charges has been supplied to me. I agree to be bound by the Rules and By Laws of the Society and by any alterations thereof registered in accordance with the above named Act or its substitute. I also agree to adhere to any other regulations and/or procedures as directed by the Board of Directors and applicable from time to time.
3. I agree for charges payable to be debited from my credit card account at the discretion of management.
4. The payment of the sum of ten (10) dollars referred to above is application monies for shares in the Society pursuant to Rule (NOT By Law) 14 of the Society.
5. I agree to provide Hidden Valley with written notification of any disabilities that I may develop during the course of my membership with Hidden Valley. I acknowledge and warrant that I will provide my consent to participate in any assessments that may need to be done in order to comply with Hidden Valley's statutory obligations under discrimination and occupational health and safety legislation or Hidden Valley's insurance policies. I further agree to surrender my membership of Hidden Valley in circumstances where the membership levies would increase by more than 25% in any given year, where that increase is the direct result of Hidden Valley's insurers increasing the premium on the basis of my disability.
6. I acknowledge that I have provided Hidden Valley with advice regarding my disabilities I currently have, if any, along with appropriate medical evidence of those disabilities. I acknowledge and warrant that I will provide my consent to participate in any assessments that may need to be done in order to comply with Hidden Valley's statutory obligations under discrimination and occupational health and safety

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legislation or Hidden Valley's insurance policies. I further agree to surrender my membership of Hidden Valley in circumstances where the membership levies would increase by more than 25% in any given year, where that increase is the direct result of Hidden Valley's insurers increasing the premium on the basis of my disability.

7. I acknowledge and agree that my ability to ride horses will be assessed by Hidden Valley. Further, I acknowledge and agree to adhere to any special restrictions which may be determined by Hidden Valley, as a consequence of my horse-riding ability, so as to ensure the safety of all members and visitors to Hidden Valley.
8. At termination of my membership I agree to settle all outstanding levies and charges prior to termination and I acknowledge that such termination cannot be effectuated until all outstanding monies owed to the Society have been settled in full.

Dated this.....Day of.....200

Signed by applicant:.....

Signed by Witness I:.....

Signed by Witness II:.....