Australian Endurance Riders Association Inc

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Pages: 1

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Name of Incorporated Club making request		
Name of person completing this request		
Your position held at club (i.e. member/secretary)		
Your contact details		
Phone number :	**Email :**	
Name of Ride/Event		
Name of Division the ride/event is affiliated		
Name of Property Owner to be noted		
Date of Ride/ Event / Activity		
Date required by		

Forward Certificate of Currency to :

Name	
Postal Address	
Facsimile Number	
Email Address	