

# Australian Endurance Riders Association Inc



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## Facsimile

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From:

Date:

Pages: 1

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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	
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