



2024 - 2025

Pegasus Membership Form

119 Drakebrockman Drive, Holt, ACT 2615
 +612 62549190
 admin@pegasusact.com.au
 www.pegasusact.com.au
 ABN: 85 460 683 554

Name of Member:			
Address:			
Phone (H):			
Phone (W):			
Phone (M):			
Email:			
I agree to become a member of 'Pegasus', Riding for the Disabled Association of the ACT Inc. and agree to abide by the Pegasus Constitution (copies available on the web or at Pegasus).			
Name of Signatory:		Date:	
Signature:			

Membership Fees: \$5 per person – valid until 30 June 2025.

Payment can be made via:

EFT:

BSB: 325 185
 Acc: 0362 6815
 Ref: Surname

Cheque made out to:

'Pegasus'
 119 Drake Brockman Drive
 HOLT ACT 2615

Credit Card:

P: 02 6254 9190

Office use only:

Action		Completed by
Paid	\$ Rct #	
Data entered	Date:	

Note: Membership is subject to acceptance of payment of the annual subscription by the Association.