

EQUESTRIAN VICTORIA APPLICATION FOR CLUB AFFILIATION

DATE _ _ _ _ _

☐

NEW

☐

RENEWAL

PLEASE PRINT IN BLOCK LETTERS.



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E: info@equestrianvictoria.com.au
ABN: 80 362 146 367

CLUB DETAILS

(PLEASE PRINT IN BLOCK LETTERS)

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New

☐

Renewal

Club Name :

Contact :

Position :

Postal Address :

Post Code :

Contact Number:

Email:

Website:

Has your organisation been affiliated with EV before?

Yes

☐

No

☐

Previous #

PERSONAL CONTACT DETAILS

Name :

Phone :

Position :

Email :

PERSONNEL DETAILS

Name of office bearers:

No. of staff:

President Name:

Ph No:

President Email:

Secretary Name:

Ph No:

Secretary Email:

Treasurer Name:

Ph No:

Treasurer Email:

MEMBERSHIP DETAILS

A full list of all of your club members MUST be supplied.

Total Club Members:

No of non EA:

No of EA:

Club Member Type:

No of Members:

Club Member Type:

No of Members:

Club Member Type:

No of Members:

Club Member Type:

No of Members:

List the maximum number of the following hosted by the club on any one activity:

| | | | |
|----------------|----------------------|-------------|----------------------|
| Activity Days: | <input type="text"/> | Horses: | <input type="text"/> |
| Volunteers: | <input type="text"/> | Spectators: | <input type="text"/> |

Income Status:

Professional Services (please list all, other than tuition):

| | | | |
|--------------------|----------------------|---------------|----------------------|
| Total assets: | <input type="text"/> | Total income: | <input type="text"/> |
| Total liabilities: | <input type="text"/> | ABN: | <input type="text"/> |

ACTIVITY DETAILS (REQUIRED FIELDS)

| | |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>Primary Activity (Only select one)</div> | <div><div><input type="checkbox"/> Dressage</div><div><input type="checkbox"/> Jumping</div><div><input type="checkbox"/> Eventing</div><div><input type="checkbox"/> Para-Equestrian</div><div><input type="checkbox"/> Vaulting</div><div><input type="checkbox"/> Show Horse</div><div><input type="checkbox"/> General Riding</div><div><input type="checkbox"/> Other <input type="text"/></div></div> <div><div><input type="checkbox"/> Driving</div><div><input type="checkbox"/> Reining</div><div><input type="checkbox"/> Endurance</div><div><input type="checkbox"/> Pony Club/Mounted Games</div><div><input type="checkbox"/> Hunting</div><div><input type="checkbox"/> EA Education</div><div><input type="checkbox"/> Fundraising</div></div> <div><div><input type="checkbox"/> Stud Book</div><div><input type="checkbox"/> Agistment</div><div><input type="checkbox"/> Lessons</div><div><input type="checkbox"/> Events</div><div><input type="checkbox"/> Interschool</div><div><input type="checkbox"/> Trail/Social Rides</div></div> |
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CLUB AFFILIATION REQUIREMENTS

Along with this 2-page form, copies of the following must be provided as part of the affiliation application:

1. Proof of Current Incorporation. (Certificate and/or Proof of your Last Annual Statement lodged)
2. A copy of your Constitution.
3. A copy of Public Liability Insurance Certificate of Currency. (MUST be for \$20,000,000 or more with a minimum of 12 months coverage)
4. A copy of Risk Management Policy including Biosecurity Policy & Plan.
5. A description of club activities, including: The nature and number of active days of club events.
6. A Full list of all the members of your club.
7. In completing this affiliation form, all clubs seeking affiliation, recognise and acknowledge that ALL affiliated events dates, regardless of discipline, must be ratified by the respective Equestrian Victorian Discipline Sub-Committee prior to publication or advertisement.

Affiliations will not be finalised until all paperwork has been received and accepted by the Equestrian Victoria Branch office.

DECLARATION - THIS MUST BE SIGNED

I hereby make application with Equestrian Victoria, and in doing so agree to be bound by the Rules and Regulations of the FEI and Equestrian Australia and all decisions of the Committees of the Branch.

Signature: Position held:
Date:

1. Club Mission & Purpose

Key features of a well-run club is that its members have a clear understanding of how the club operates and what it aims to achieve.

What is your club's stated purpose?

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2. Club Volunteer Management Policy

All affiliated clubs must ensure a positive working environment for volunteers, tick where appropriate

- | | |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Your club has a designated Volunteer Coordinator. | <input type="checkbox"/> Your club provides free volunteers with free volunteer packs. |
| <input type="checkbox"/> Your volunteers are provided with free food and drink. | <input type="checkbox"/> Your volunteers are reimbursed for expenses. |

3. Club Facilities

Please include information with regards to the equestrian facilities utilised by the club for their various events.

Do you have your own club facilities?

- | | | | | |
|------------------------------|------------------------------|----------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO. | If YES, please tick appropriate. | <input type="checkbox"/> Leased. | <input type="checkbox"/> Owned. |
|------------------------------|------------------------------|----------------------------------|----------------------------------|---------------------------------|

Complete venue details- facilities e.g. address, stables, number of arenas, equipment owned etc.

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3. Club Facilities (continued)

What other venues do you utilise for your events? (e.g. Name the club/facility you use

4. Equestrian Victoria Standards - please tick to acknowledge your club's compliance.

- ☐ All affiliation fees are paid on time in accordance with EV procedures.
- ☐ All clubs and events are expected to display the EV logo in programs, websites newsletter and any other publicity documentation.
- ☐ The club Public Liability Insurance standards meet EV's requirements.
- ☐ A first aid kit is on site at all club events.
- ☐ A first aider is on site at all Jumping, Dressage and Show Horse events and an ambulance is present at all Eventing events (as per EA rules).
- ☐ Has your club got procedures in place regarding Working with Children Checks?
- ☐ The club maintains a full record of all member information and demographics.
- ☐ All events are conducted by EA registered NCAS Coaches, judges and officials.
- ☐ In completing this affiliation form, all clubs seeking affiliation recognise and acknowledge that ALL affiliated events dates, regardless of discipline, must be ratified by the respective Equestrian Victorian Discipline Sub-Committee prior to publication or advertisement.

2025/2026 Club Affiliate fee: \$395.00

TAX INVOICE

Enclose cheque/money order for \$_____ payable to Equestrian Victoria or

I authorise payment of the above amount from my: VISA or MASTERCARD

Cardholder Name:

Signature:

Card:

/

/

/

Expires:

/

CVC: