

# EQUESTRIAN VICTORIA APPLICATION FOR COMMERCIAL AFFILIATION



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 ABN: 80 362 146 367

**2023/2024**  **NEW**  **RENEWAL**

Please print in block letters. One member per form.

## AFFILIATE DETAILS:

Organisation Name:

Contact person:  Position:

Postal Address:  PostCode:

Phone:  Email:

Website:

Has your organisation been affiliated with EV before? Yes  No  Previous #

## PRIMARY CONTACT DETAILS:

Name :  Phone :

Position :  Email :

## ACTIVITY DETAILS (REQUIRED FIELDS):

<b>Primary Activity</b> (Only select one)	<input type="checkbox"/> Dressage	<input type="checkbox"/> Driving	<input type="checkbox"/> Stud Book
	<input type="checkbox"/> Jumping	<input type="checkbox"/> Reining	<input type="checkbox"/> Agistment
	<input type="checkbox"/> Eventing	<input type="checkbox"/> Endurance	<input type="checkbox"/> Lessons
	<input type="checkbox"/> Para-Equestrian	<input type="checkbox"/> Pony Club/Mounted Games	<input type="checkbox"/> Events
	<input type="checkbox"/> Vaulting	<input type="checkbox"/> Hunting	<input type="checkbox"/> Interschool
	<input type="checkbox"/> Show Horse	<input type="checkbox"/> EA Education	<input type="checkbox"/> Trail/Social Rides
	Other: <input type="text"/>		
<b>Additional Activities</b> (Select all that apply)	<input type="checkbox"/> Dressage	<input type="checkbox"/> Driving	<input type="checkbox"/> Stud Book
	<input type="checkbox"/> Jumping	<input type="checkbox"/> Reining	<input type="checkbox"/> Agistment
	<input type="checkbox"/> Eventing	<input type="checkbox"/> Endurance	<input type="checkbox"/> Lessons
	<input type="checkbox"/> Para-Equestrian	<input type="checkbox"/> Pony Club/Mounted Games	<input type="checkbox"/> Events
	<input type="checkbox"/> Vaulting	<input type="checkbox"/> Hunting	<input type="checkbox"/> Interschool
	<input type="checkbox"/> Show Horse	<input type="checkbox"/> EA Education	<input type="checkbox"/> Trail/Social Rides
	Other: <input type="text"/>		

## AFFILIATION REQUIREMENTS

Along with this application 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 Public Liability Insurance Certificate of Currency. (MUST be for \$20,000,000 or more with a minimum of 12 months coverage)
3. A copy of Risk Management Policy including Biosecurity Policy & Plan.
4. In completing this affiliation form, all groups 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 EV 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:

**FEES: COMMERCIAL GROUP: \$1800.00**

## CHECKLIST

**Please make sure you supply the following with your application to avoid a delay in processing.**

- 1. Completed Application Form with payment including all fields filled out and the application signed.
- 2. Proof of Current Incorporation (Certificate of Incorporation and/or Proof of your Last Annual Statement lodged)
- 3. A copy of Public Liability Insurance Certificate of Currency.(MUST before \$20,000,000 or more with a minimum of 12 months coverage)  
You must supply the certificate your insurance company supplies to you that names your organisation as the policy holder. A copy of a tax invoice OR the company's policy is not enough.
- 4. A copy of Risk Management Policy including Biosecurity Policy & Plan. If you have already provided this document to our office please tick here
- 5. A list of show dates that must be ratified by the respective Equestrian Victoria Discipline Sub-committee prior to publication or advertisement.

## 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: