

APPLICATION FOR SPORT AFFILIATE /
SCHOOL AFFILIATIONDATE _ _ _ _ _ ☐ NEW ☐ RENEWAL

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

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 :

EVENTS:

List the number & types of events that will be hosted.

ACTIVITY DETAILS (REQUIRED FIELDS):

Primary Activity (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 Events
	<input type="checkbox"/> Para-Equestrian	<input type="checkbox"/> Pony Club/Mounted Games	<input type="checkbox"/> Interschool
	<input type="checkbox"/> Vaulting	<input type="checkbox"/> Hunting	<input type="checkbox"/> Trail/Social Rides
	<input type="checkbox"/> Show Horse	<input type="checkbox"/> EA Education	<input type="checkbox"/>
	<input type="checkbox"/> General Riding	<input type="checkbox"/> Fundraising	
	<input type="checkbox"/> Other _____		

AFFILIATION REQUIREMENTS

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

- 1.A copy of Public Liability Insurance Certificate of Currency. (MUST be for \$20,000,000 or more with a minimum of 12 months coverage)
- 2.A copy of Risk Management Policy including Biosecurity Policy & Plan.

Affiliations will not be finalised until all paperwork has been received and accepted by the EA State 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:

FOR SPORT AFFILIATE / SCHOOL affiliation: \$395**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. A copy of Public Liability Insurance Certificate of Currency.(MUST be for \$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.
- ☐ 3. A copy of Risk Management Policy.
If you have already provided this document to our office please tick here ☐
- ☐ 4. A full list of the types and number of events hosted

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: