

APPLICATION FOR PRO RATA MEMBERSHIP

(PLEASE PRINT IN BLOCK LETTERS – ONE MEMBER PER FORM)

APPLICANT DETAILS

Please Circle: Miss. / Mrs. / Ms. / Mr.

EA Number

Given Name: _____ Gender: Male Female

Surname: _____ Date of Birth: ____/____/____

Postal Address: _____ Post Code: _____

Telephone: BH: (____) _____ Home: (____) _____

Mobile No: _____ Email address: _____

Are you GST Registered Yes No ABN Number _____

Have you been a member of the EA before: Yes No Previous EA #: _____

PRO-RATA MEMBERSHIP YEAR EXPIRES 30/06/2019 – ONLY OPEN TO NEW

TYPE	AGE	24/7 PERSONAL ACCIDENT INSURANCE	REGISTER HORSES	COMPETE OFFICIALLY	VOTING RIGHTS	FEES INCL GST
<input checked="" type="checkbox"/> tick required below						
<input type="checkbox"/> SENIOR COMPETITOR	18+	YES	YES	YES	YES	\$215
<input type="checkbox"/> JUNIOR COMPETITOR	3 - 18	YES	YES	YES	NO	\$115
<input type="checkbox"/> PARTICIPANT - SENIOR	18+	YES	YES	YES <small>Official Participation activities only</small>	YES	\$135
<input type="checkbox"/> PARTICIPANT - JUNIOR		YES	YES	YES <small>Official Participation activities only</small>	NO	\$105
<input type="checkbox"/> SHOW HORSE – Competitor		YES	YES	Show Horse Only	Yes	\$135
<input type="checkbox"/> Preliminary DRESSAGE		YES	YES	Preliminary Only	Yes	\$135
<input type="checkbox"/> SUPPORTER - OFFICIAL		YES	YES	NO	YES <small>(18 + ONLY)</small>	\$115
<input type="checkbox"/> SUPPORTER - OTHER		YES	YES	NO	YES <small>(18 + ONLY)</small>	\$115

MEMBERS105

Please tick the sports you Participate in (for our statistics)

- | | | | |
|---|-------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Carriage Driving | <input type="checkbox"/> Dressage | <input type="checkbox"/> Eventing | <input type="checkbox"/> Endurance |
| <input type="checkbox"/> Reining | <input type="checkbox"/> Show Horse | <input type="checkbox"/> Jumping | <input type="checkbox"/> Vaulting |
- Other Affiliations:** PCA RDA ASHS HRCAV AERA RA
 Other
- Other Accreditations:** Coach Official Supporter

DECLARATION, THIS MUST BE SIGNED

I, _____ (applicant or parent/guardian) hereby apply for membership of the Equestrian Australia Ltd & Equestrian Victoria Inc. A0005054N. In doing so agree to be bound by Rules and Regulations of the FEI, Equestrian Australia Ltd, Equestrian Victoria Inc. and all decisions of the Committees of the Branch or I as parent/guardian agree to take responsibility for and ensure that the applicant abides by the aforementioned.

X / /
 Signature (Member or Parent/Guardian if under 18) (Date)

This becomes a Tax Invoice upon payment

WAIVER MUST BE SIGNED P.T.O. ➔

If you pay VIA EA Online, you will be emailed your membership details immediately

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: _____

Membership Expires 30th June 2019



400 Epsom Rd
Flemington VIC 3031

P +61 3 9013 0707
E reception@equestrianvictoria.com.au
I www.vic.equestrian.org.au
ABN 80 362 146 367

Card : ____ / ____ / ____ / ____ Expires: ____ / ____ CVC: ____

MEMBER DANGEROUS ACTIVITY ACKNOWLEDGEMENT

(This Release and Waiver will apply to all Equestrian Australia endorsed activities)

Full Name of participant:

.....

Address.....

.....State.....Post Code.....

Date of Birth...../...../.....EV Membership No

In consideration for being permitted to participate in any way in horse sport activities, I, the undersigned, understand, acknowledge and accept that: Horse Sports are a dangerous activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt. There is a significant risk that serious **INJURY or DEATH** may result from horse sport activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs. I agree not to drink alcohol or take drugs prohibited by law before or during any horse sports activities.

I agree to follow the directions of any event organiser or official and that any misconduct or refusal by me to follow any direction of any organiser, coordinator or official can result in the **CANCELLATION** of my participation in the activities and immediate removal from my horse **NO MATTER** where that may occur.

I agree to wear an approved helmet at all times whilst participating in the sport where this is required under the relevant EA and FEI Rules and Regulations.

I have had sufficient opportunity to read this Member Dangerous Activity Acknowledgement and fully understand its terms and sign it freely and voluntarily.

Signature of Applicant _____ Dated: ____ / ____ / ____

For Participants of Minority Age (Under 18 years)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, acknowledge, understand and accept ALL OF THE ABOVE and consent and agree to my minor child's involvement or participation in horse sport activities.

Full Name of Responsible Guardian/Parent _____

Signature of Guardian / Parent _____ Dated: ____ / ____ / ____