

## APPLICATION FOR PRO RATA MEMBERSHIP 2021/2022

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

**Only available to NEW members or members whose membership with the valid until date 30/6/2019**

### APPLICANT DETAILS:

Please Circle: Miss. / Mrs. / Ms. / Mr. / Dr. / Master. / Prof.

Given Name: \_\_\_\_\_ Gender: Male: ☐ Female: ☐ Not Stated: ☐

Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Postal Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Home: ( \_\_\_\_ ) \_\_\_\_\_

Email address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Are you GST Registered? Yes ☐ No ☐ ABN Number: \_\_\_\_\_

Have you been a member of EA before? Yes ☐ No ☐ Previous EA #: \_\_\_\_\_

☐ I want to receive Newsletters electronically

**PREFERRED CORRESPONDENCE METHOD: \*** ☐ EMAIL ☐ POSTAL

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

### PRO RATA MEMBERSHIP YEAR EXPIRES 30/06/2021 – ONLY OPEN TO NEW MEMBERS

| TYPE<br><input checked="" type="checkbox"/> tick required below | AGE    | INSURANCE | REGISTER<br>HORSES | COMPETE<br>OFFICIALLY                     | VOTING<br>RIGHTS   | FEES INCL GST |
|-----------------------------------------------------------------|--------|-----------|--------------------|-------------------------------------------|--------------------|---------------|
| <input type="checkbox"/> COMPETITOR - SENIOR                    | 18+    | YES       | YES                | YES                                       | YES                | \$225         |
| <input type="checkbox"/> COMPETITOR - JUNIOR                    | 3 - 17 | YES       | YES                | YES                                       | NO                 | \$125         |
| <input type="checkbox"/> PARTICIPANT - SENIOR                   | 18+    | YES       | YES                | Official Participation<br>activities only | YES                | \$140         |
| <input type="checkbox"/> PARTICIPANT - JUNIOR                   | 3 - 17 | YES       | YES                | Official Participation<br>activities only | NO                 | \$110         |
| <input type="checkbox"/> RECREATIONAL - SENIOR                  | 18+    | YES       | NO                 | NO                                        | NO                 | \$115         |
| <input type="checkbox"/> RECREATIONAL - JUNIOR                  | 3 - 17 | YES       | NO                 | NO                                        | NO                 | \$90          |
| <input type="checkbox"/> SHOW HORSE COMPETITOR                  | 3+     | YES       | YES                | Show Horse Only                           | YES                | \$145         |
| <input type="checkbox"/> PRELIMINARY DRESSAGE                   | 3+     | YES       | YES                | Preliminary Only                          | YES                | \$145         |
| <input type="checkbox"/> SUPPORTER - OFFICIAL                   |        | YES       | YES                | NO                                        | YES<br>(18 + ONLY) | \$120         |
| <input type="checkbox"/> SUPPORTER - OTHER                      |        | YES       | YES                | NO                                        | YES<br>(18 + ONLY) | \$120         |

**\*Please select a primary interest from the list.**

☐ Dressage ☐ Eventing ☐ Show Horse ☐ Jumping ☐ Carriage Driving ☐ Endurance ☐  
Vaulting ☐ Reining

Membership Expires 30 June 2021

## 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

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: \_\_\_\_

**WAIVER MUST BE SIGNED P.T.O. ➡**

## 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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### 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_