



## APPLICATION FOR MEMBERSHIP

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

Office use only

### APPLICANT DETAILS

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

Given Name: \_\_\_\_\_ Gender:  Male  Female

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

Residential Address: \_\_\_\_\_

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 EV before:  Yes  No Previous EV #: \_\_\_\_\_

Would you like to receive Newsletters & EV updates by email:  Yes  No

### MEMBERSHIP YEAR 01/07/2010 - EXPIRES 30/06/2011

TYPE	AGE	24/7 PERSONAL ACCIDENT INSURANCE	REGISTER HORSES	COMPETE OFFICIALLY	VOTING RIGHTS	FEES
<input checked="" type="checkbox"/> tick required below						
<input type="checkbox"/> SENIOR	18+	YES	YES	YES	YES	\$ 295.00
<input type="checkbox"/> SHOW HORSE	18+	YES	YES	SH ONLY	YES	\$ 225.00
<input type="checkbox"/> JUNIOR	3 - 18	YES	YES	YES	NO	\$ 155.00
<input type="checkbox"/> ASSOCIATE	18+	YES	YES	NO	NO	\$ 191.00
<input type="checkbox"/> CORPORATE (copy of- Incorporation must be attached)	Business	NO	YES	NO	NO	\$ 280.00
<input type="checkbox"/> RECREATIONAL Senior	18+	YES	NO	NO	NO	\$ 146.00
<input type="checkbox"/> RECREATIONAL Junior	3 - 18	YES	NO	NO	NO	\$ 125.00
<input type="checkbox"/> SUPPORTER	3- 80	NO	NO	NO	NO	\$ 80.00

Please tick the sports you are interested in (for our statistics)

- Carriage Driving     Dressage     Eventing     Endurance  
 Reining     Show Horse     Jumping     Vaulting

### DECLARATION, THIS MUST BE SIGNED

I, \_\_\_\_\_ (applicant or responsible parent/guardian)  
hereby apply for membership of the Equestrian Australia Ltd & the Equestrian Federation of Australia- Victoria Branch Inc.  
A0005054N. In doing so agree to be bound by Rules and Regulations of the FEI, the Equestrian Australia Ltd, the  
Equestrian Federation of Australia Victorian Branch 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.➔**

PAY ONLINE: [www.vic.equestrian.org.au](http://www.vic.equestrian.org.au) or enclose a cheque/money order for \$ \_\_\_\_\_ payable to EV

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

Cardholder Name: \_\_\_\_\_ Card: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_



## MEMBER DANGEROUS ACTIVITY ACKNOWLEDGEMENT

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

Full Name of participant and of guardian if under 18

.....

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 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 / Guardian \_\_\_\_\_ 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_