EQUESTRIAN VICTORIA

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APPLICATION FOR AFFILIATE MEMBERSHIP

(PLEASE PRINT IN BLOCK LETTERS) Office use only

Organisation Name: _____

Contact Person: _____

Postal Address: _____

_____Post Code: _____

Telephone: BH: (____) _____ AH: (____) _____

Mobile No: _____ E mail address: _____

Has your organisation 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 01/10/2009 – EXPIRES 30/09/2010

0-2 Events Per Year	$120	☐
3-4 Events Per Year	$200	☐
4 + Events Per Year	$350	☐

DECLARATION - THIS MUST BE SIGNED

I hereby make application with the 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.

X ..../...../.....

Signature **Position Held** **Date**

Your application **MUST** contain the following or your application will be returned:

1. Completed Application Form with payment.
2. Proof of Current Incorporation.
3. A Copy of Constitution.
4. A copy of Public Liability Insurance Certificate of Currency. (must be for $20,000,000 or more)
5. A copy of Risk Management Policy and Manual.
6. A description of clubs activities, including: The nature and number of active days of you club events.

Payment Details:

This becomes a Tax Invoice upon receipt of payment for the amount stated this includes GST

I hereby enclose a cheque/money order for $_____ payable to Equestrian Victoria

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

Card No: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ Expiry Date: __ __/ __ __

Cardholder Name:_____ Signature: _____

Membership Expires 30 September 2010