

APPLICATION FOR PRO RATA 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 EA before: Yes No Previous EA #: _____

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

MEMBERSHIP YEAR 01/02/2012 - EXPIRES 30/06/2012

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	\$ 220.00
<input type="checkbox"/> SHOW HORSE	18+	YES	YES	SH ONLY	YES	\$ 180.00
<input type="checkbox"/> JUNIOR	3 - 18	YES	YES	YES	NO	\$ 120.00
<input type="checkbox"/> ASSOCIATE	18+	YES	YES	NO	NO	\$ 150.00
<input type="checkbox"/> CORPORATE (copy of-Incorporation must be attached)	Busine ss	NO	YES	NO	NO	\$ 385.00
<input type="checkbox"/> RECREATIONAL Senior	18+	YES	NO	NO	NO	\$ 105.00
<input type="checkbox"/> RECREATIONAL Junior	3 - 18	YES	NO	NO	NO	\$ 90.00
<input type="checkbox"/> SUPPORTER	3- 80	NO	NO	NO	NO	\$ 50.00

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 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. ➔

PAY ONLINE: www.vic.equestrian.org.au or enclose a cheque/money order for \$ _____ payable to Equestrian

Victoria 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 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 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: ____ / ____ / ____