

APPLICATION FOR MEMBERSHIP 2019

P 9296 1200 F 9296 1194

E-mail: reception@equestrianwa.org.au Web: wa.equestrian.org.au

Applicant Details (Please Circle) Miss Mrs. Ms. Mr. Master	
Given Name:	Gender: (circle) Male Female
Surname:	Date of Birth: / /
Residential Address:	
Postal Address:	Post Code:
Mobile Phone:	AH: ()
E-Mail Address:	
Have you been a member of EWA/EA Before (circle): No Yes	Member Number:
Other Organisation (i.e. Member of Society/Club):	
EWA ARCA Affiliated Club Name:	ARCA Club Member No:
Emergency Contact Name:	
Contact Number:	
Relationship:	E-Mail:

For Voting purposes, please CIRCLE the discipline/s you would like to vote for
(If you do not circle 1 or more you are not eligible to vote for 2019)

Dressage Eventing Show Horse Jumping Vaulting

CIRCLE PREFERENCE BELOW	AGE	24/7 PERSONAL ACCIDENT INSURANCE	REGISTER HORSES	COMPETE OFFICIALLY	FEES YEARLY	JOINING FEE
Competitor - Senior	18 +	YES	YES	YES	\$448.00	Waived
Competitor - Junior	3 - 18	YES	YES	YES	\$325.00	Waived
Participant - Senior	18 +	YES	YES	NO	\$225.00	Waived
Participant - Junior	3 - 18	YES	YES	NO	\$204.00	Waived
Supporter - Other	18 +	YES	YES	NO	\$225.00	Waived
Supporter - Owner	18 +	YES	YES	NO	\$225.00	Waived
Supporter - Coach	18+	YES	YES	NO	\$225.00	Waived
Supporter - Official	18+	YES	YES	NO	\$152.00	Waived
Recreational - Senior	18+	YES	NO	NO	\$118.00	Waived
Recreational - Junior	3 - 18	YES	NO	NO	\$118.00	Waived
Adult Rider (Club Name & Member number must be supplied)	18+	YES	NO	NO	\$169.00	Waived

Please circle the sports you are interested in **(not for voting purposes)**

Carriage Driving Dressage Endurance Eventing Recreational Reining Show Horse Jumping Vaulting

EA EWA DECLARATION

I hereby apply for membership with the Equestrian Australia Ltd & Equestrian Western Australia Inc and agree to Abide by the rules, regulations, policies and bylaws of EWA, EA and FEI and decisions of the Equestrian WA Board of Directors available on our website www.wa.equestrian.org.au/policies-bylaws

X

Signature (Member or Parent/Guardian if under 18)

Please fill in for full payment on Credit Card Only				Signature _____			
Type of Card:	Visa		MasterCard		Expiry Date: ____ / ____		Cvv: ____
Card Number:							
				Full Payment Total \$ _____			

Monthly payment plan (please complete membership form and attached Payment Plan Form)

Member Dangerous Activity Acknowledgement

Full Name of participant: _____ Membership No.: _____
 (and of guardian if under 18 years): _____ Date of Birth: _____
 Postal Address: _____
 State: _____ Post Code: _____

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 and 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 my immediate removal from my horse **NO MATTER** where that may occur.

I agree to wear an approved helmet at all times while 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 Dangerous Activity Acknowledgement and fully understand its terms and sign it freely and voluntarily.

Dated: ____/____/____ Signature of rider/owner _____

For Participants of Minority Age (Under Age 18)

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. I also agree to abide by the Parents Code of Conduct as it relates to Equestrian Sports. I understand that should I breach this Code of Conduct in any way I may be penalised for such a breach as determined by Equestrian Western Australia.

Dated: ____/____/____ Signature of guardian _____

Equestrian Western Australia

Monthly Payment Plan

Membership Expires 31st December 2019

Office Use Only Received Stamp

Please circle membership Category required.		Please note: After 28 th July 2019 Deduction amounts & months to pay will vary dependant on the month in which membership is taken. Please contact EWA if you are unsure?					
Membership Category	2019 Full Year Membership Fee	1 st Month	2 nd Month	3 rd Month	4 th Month	5 th Month	6 th Month
Competitor Senior	\$448.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$73.00
Competitor Junior	\$325.00	\$55.00	\$55.00	\$55.00	\$55.00	\$55.00	\$50.00
Participant Senior	\$225.00	\$75.00	\$75.00	\$75.00	N/A	N/A	N/A
Participant Junior	\$204.00	\$68.00	\$68.00	\$68.00	N/A	N/A	N/A
Supporter Other/Owner/Coach	\$225.00	\$75.00	\$75.00	\$75.00	N/A	N/A	N/A
Supporter Official	\$152.00	\$52.00	\$52.00	\$48.00	N/A	N/A	N/A
Recreational Senior	\$118.00	\$40.00	\$40.00	\$38.00	N/A	N/A	N/A
Recreational Junior	\$118.00	\$40.00	\$40.00	\$38.00	N/A	N/A	N/A
Adult Riders (ARC Members Only)	\$169.00	\$58.00	\$58.00	\$53.00	N/A	N/A	N/A

All 3 pages must be received by EWA to have your membership processed correctly via monthly payments.

If you are paying in FULL with a credit card or cheque, page 3 is not required.

Payments are deducted on either the 14th or 28th of each month.

If this date falls on a weekend or public holiday it will be deducted the next business day.

*******PLEASE NOTE COMPETITION LICENSES CANNOT BE PAID VIA MONTHLY PAYMENTS*******

They must be paid in full via credit card, cheque or online separately.

Please contact 9296 1200 if you have any queries.

I want to make my payment for my EWA Membership registration by:

☐ Monthly charge to my nominated credit card/bank account.

By agreeing to the monthly subscription pro-rata payment plan, I hereby agree to the payment of my membership in full and hereby authorise Equestrian WA to debit my nominated credit card/bank account each month accordingly.

Please note that if your payment is declined, you will receive an email from payway@qvalent.com, dishonour fees may apply and declined payments will run the risk of your membership being suspended.

Retries will be done at the discretion of EWA.

If this account is not paid within the specified time,

You will be responsible for all legal and collection costs to recover this account.

Please select ONE of the two options below for your payment to be deducted

Member Name:				Member Number:			
Account Name:				Signature:			
BSB: _____ - _____		Account Number:		Name on Card:			
Type of Card (Circle):	Visa	MasterCard	Expiry Date: ____ / ____		Cvv: ____		
Card Number:							

Please supply a valid e-mail address for notification purposes:

@ _____