

Applicant Details Please Circle Miss. / Mrs. / Ms. / Mr. / Master	
Given Name:	Member No:
Surname:	Date of Birth:    /    /
<i>If you have any changes to your personal details please make changes below or make note No Changes.</i>	
Residential Address:	
Postal Address:	Post Code:
Mobile:	AH: (    )
E-Mail Address:	

Please circle your preference for the Upgrade

The cost for your upgrade will be the difference between your 2 memberships.

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
<i>Adult Rider (Club Name &amp; Member number must be supplied)</i>	18+	YES	NO	NO	\$169.00	Waived

**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](http://www.wa.equestrian.org.au/policies-bylaws)

**X** ...../...../2018

Signature (Member or Parent/Guardian if under 18)

**Return to EWA, 303 Cathedral Avenue, Brigadoon, WA, 6069**

**Or email: [reception@equestrianwa.org.au](mailto:reception@equestrianwa.org.au) – Fax: 9296 1194**

Please make cheque/money order payable to 'Equestrian WA'.

**Faxed applications will not be accepted without credit card details.**

I \_\_\_\_\_ hereby authorise Equestrian WA to amend my monthly payment details to upgrade my membership.  
(insert name)

<b>Please fill in for full payment on Credit Card Only</b>				Signature _____			
Type of Card: (circle)	Visa	MasterCard	Expiry Date: ____ / ____	Cvv: ____			
Card Number:							

Membership Expires 31st December 2018