

# Equestrian Western Australia

## APPLICATION FOR MEMBERSHIP 2020

Office Use Only Received Stamp

P 9296 1200 F 9296 1194

E-mail: [reception@equestrianwa.org.au](mailto:reception@equestrianwa.org.au) Web: [wa.equestrian.org.au](http://wa.equestrian.org.au)

Applicant Details (Please Circle) Dr Master Miss Mrs. Ms. Mr.	
Given Name:	Gender: (circle) Male Female
Surname:	Date of Birth: / /
Residential Address:	Post Code:
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:	
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 a sport committee for 2020)**

*If you wish to enquire about voting please call the EWA office on 9296 1200*

**Dressage Eventing Show Horse Jumping Vaulting**

CIRCLE PREFERENCE BELOW	AGE	VOTING RIGHTS	24/7 PERSONAL ACCIDENT INSURANCE	REGISTER HORSES	COMPETE OFFICIALLY	FEES YEARLY	PRICE CHANGE
Competitor - Senior	18 +	YES	YES	YES	YES	\$448.00	Nil
Competitor - Junior	3 - 18	NO	YES	YES	YES	\$250.00	Decreased
Participant - Senior	18 +	YES	YES	YES	NO	\$225.00	Nil
Participant - Junior	3 - 18	NO	YES	YES	NO	\$154.00	Decreased
Supporter - Other	18 +	YES	YES	YES	NO	\$225.00	Nil
Supporter - Owner	18 +	YES	YES	YES	NO	\$225.00	Nil
Supporter - Coach	18+	YES	YES	YES	NO	\$225.00	Nil
Supporter - Official	18+	YES	YES	YES	NO	\$152.00	Nil
Recreational - Senior	18+	NO	YES	NO	NO	\$118.00	Nil
Recreational - Junior	3 - 18	NO	YES	NO	NO	\$118.00	Nil
Adult Rider (Club Name & Member number must be supplied)	18+	YES	YES	NO	NO	\$169.00	Nil

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

Carriage Driving **Dressage** Endurance **Eventing** Para-Equest **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](http://www.wa.equestrian.org.au/policies-bylaws)

**X**

Signature (Member or Parent/Guardian if under 18)

Membership Expires 31<sup>st</sup> December 2020

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

## 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: \_\_\_\_\_