

Equestrian Western Australia

Application for Membership 2020

pplication for Membership 2020 Expires 31st December 2020

WESTERN AUSTRALIA Email: reception@equestrianwa.org.au — Web: wa.equestrian.org.au

Please note: Monthly payments require an upfront payment of 50% via credit card on the day of processing.

Applicant Details (Please Circle) Dr Master Miss Mrs. Ms. Mr.							
Given Name:	Gender: (circle) Male Female						
Surname:	Date of Birth: / /						
Do you give photo consent? Yes No Do you wish to receive the	EWA E-News? YES NO						
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 No	o:						
Other Organisation (i.e. Member of Society/Club):							
EWA ARCA Affiliated Club Name:							
Emergency Contact Name:	Contact Number:						
Relationship: E-Mail:							

For <u>VOTING PURPOSES</u> please <u>CIRCLE</u> 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 92<mark>96 120</mark>0

Dressage Eventing Show Horse Jumping Vaulting

CIRCLE PREFERENCE BELOW	AGE	VOTING RIGHTS	24/7 PERSONAL ACCIDENT INSURANCE	REGISTER THORSES	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+	S YES	YES	YES	RNO	\$2 <mark>25.00</mark>	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 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 (Mambar or Daront/Guardian if under 19)	



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



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

Faxed & scanned applications will not be accepted without credit card details.

Please note: Monthly payments require an upfront payment of 50%

Via credit card on the day of processing.

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

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Please fill in for full payment on Credit Card Only Signature															
Type of Card:	Vi	sa	Maste	erCard	Expir	y Date: _	/		Cvv:	Cvv:					
Card Number:															
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Full Name of partic	ipant.				~	Memb	ership N	o.:							
(and of guardian if	-	ears):			- N		f Birth: _								
Postal Address:															
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I agree to follow th	e direction:	of any even	t organiser o	r official an	d that ar	ny misco	onduct o	r refusa	al by me	to fol	low				
any direction of an	y organiser	or official ca	n result in th	e CANCELL	ATION of	f my pai	rticipatio	n in the	e activiti	es and	d my				
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For Participants of	Minority A	ge (Under A	ge 18)												
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should I breach this		•													
Western Australia.															
Dated://			Signature o	of guardian											
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Equestrian Western Australia Monthly Payment Plan

Office Use Only Received Stamp

Membership Expires 31st December 2020

	e membership y required.	3 months ONLY available for all categories. Please note: Monthly payments require an upfront payment of 50%												
		<u>Vi</u>	Via credit card on the day of processing.											
Membership Category	2020 Full Year Membership Fee	50% payment	1 st Month	2 nd Month	3 rd Month									
Competitor Senior	\$448.00	\$224.00	\$75.00	\$75.00	\$74.00									
Competitor Junior	\$250.00	\$125.00	\$42.00	\$42.00	\$41.00									
Participant Senior	\$225.00	\$112.50	\$37.50	\$37.50	\$37.50									
Participant Junior	\$154.00	\$77.00	\$26.00	\$26.00	\$25.00									
Supporter Other/Owner/Coach	\$225.00	\$112.50	\$37.50	\$37.50	\$37.50									
Supporter Official	\$152.00	\$76.00	\$25.00	\$25.00	\$26.00									
Recreational Senior	\$118,00	\$59.00	\$20.00	\$20.00	\$19.00									
Recreational Junior	\$118.00	\$59.00	\$20.00	\$20.00	\$19.00									
Adult Riders (ARC Members Only)	\$169.00	\$84.50	\$28.00	\$28.00	\$28.50									

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:	B: Account Number:							Name on Card:										
Type of Card (C	ircle):	١	/isa		MasterCard				Expiry Date: / /					Cvv:				
Card Number:																		

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

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