

## **Equestrian Western Australia**

## **Application for Mid-Year Membership 2021**

Please Note: Mid-Year Membership is only available for NEW Members,

WESTERN AUSTRALIA Transferring members from interstate and renewing members from 2019, 2018, & 2017, etc.

Applicant Details (Please Circle) Dr Master Miss Mrs. Ms. Mr.	Gender: (circle) Male Female								
SURNAME: Given Name:									
Do you give photo consent? Yes No Do you wish to receive the EWA E-News? Yes No	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 No:									
Other Organisation (i.e. Member of Society/Club):									
EWA ARCA Affiliated Club Name: (Compulsory if Adult Rider Membership selected)									
Emergency Contact Name:	Contact Number:								
Relationship: E-Mail:									
<mark>Junior Me</mark> mbership Compulsory Fields – "Person <mark>s Res</mark> po	onsible"								
Name: Relationship:									
Email: Mobile:									
I acknowledge I have read and understood my responsibilities and obligations as the nominated Person Responsible for the said Junior Member in accordance with the Equestrian Australia General Regulations Article 118 Persons Responsible, furthermore my responsibilities and obligations in accordance with the Equestrian Australia General Regulations, Membership Bylaws, Code of Conduct, Social Media Policy and any other applicable Equestrian Australia Regulations, Rules and Bylaws.									

Other Organisation (i.e. Member of Society/Club):									
EWA ARCA Affiliated Club Name: (Compulsory if Adult Rider Membership selected)									
Emergency Contact Name: Contact Number:									
Relationship:	E-Mail:								
Junior Membership Compulsory Fields – "Person <mark>s Res</mark> ponsible"									
Name:			Rela	itions <mark>hip:</mark>					
Email:			Mol	oile:					
said Junior Member in acc <mark>ord</mark> an furthermore my responsibilities <u>Bylaws</u> , <u>Code of Conduct</u> , <u>Social</u>	and obligations i Media Policy and	in accordanc d any other a	e with the Equestria applicable Equestria	an Australia <mark>Gen</mark> n Australia Regu	eral Regulations ulations, Rules a	, <u>Membership</u>			
For <u>VOTING PURPOSES</u> please <u>CIRCLE</u> the discipline/s you would like to vote for ( <u>If you do not circle 1 or more you are not eligible to vote for a sport committee for 2021)</u> Please see below to verify if you are eligible to vote. If you wish to enquire about voting please call the EWA office on 9296120  Dressage Eventing Show Horse Jumping Vaulting  CIRCLE PREFERENCE BELOW AGE  VOTING RIGHTS  ACCIDENT  HORSES  OFFICIALLY  FEE									
Competitor - Senior	18+	YES	INSURANCE YES	YES	YES	\$304.00			
Competitor - Junior	3 – 18	NO	YES	YES	YES	\$171.00			
Participant - Senior	18+	YES	YES	YES	NO	\$153.00			
Participant - Junior	3 - 18	NO	YES	YES	NO				
	ach 18+	VEC				\$105.00			
Supporter – Other, Owner, Co	acii 10 +	YES	YES	YES	NO	\$105.00 \$153.00			
Supporter – Other, Owner, Co	18+	YES	YES YES	YES	NO NO				
						\$153.00			
Supporter – Official	18+	YES	YES	YES	NO	\$153.00 \$102.00			

#### **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 <a href="www.wa.equestrian.org.au/policies-bylaws">www.wa.equestrian.org.au/policies-bylaws</a>

X	//	<i>'</i>
Signature (Member or Parent/Guardian if under 18)		



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

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





Please note: Payment plans require a minimum upfront payment via credit card. For Payments plans please send all 3 pages. Email reception@equestrianwa.org.au

Please fill in for full payment on Credit/Debit Card Only Signature															
Type of Card:	Visa			MasterCard			Expiry Date: /				 Cvv:				
Card Number:															
									Ful	l Paym	ent Tot	al \$	 		

### **EQUESTRIAN WESTERN AUSTRALIA INC. ("EWA")** RELEASE AND WAIVER OF LIABILITY ACKNOWLEDGEMENTS

- 1. I acknowledge and agree that:
  - a. taking part in horse sports is a dangerous activity and serious INJURY or DEATH may result from participating in horse-related competitions or activities;
  - b. horses may act in a sudden and unpredictable manner, and EWA does not make any representations or warranties as to how a horse may act; and
- c. I participate in any event held or managed by EWA, or coaching services provided by EWA or a member coach of EWA (Activities), at my OWN RISK.
- 2. I have read, understood and agree to abide by this Waiver and Release of Liability, all and any rules, regulations, policies and codes (including the Code of Conduct) of EWA, and any organiser or manager of Activities, as may be in force from time to time, and acknowledge and agree that:
  - a. EWA's publication of any amended rules, regulations, policies and codes shall be deemed to be sufficient notice to me of the current rules, regulations, policies and codes of EWA; and
  - b. any misconduct (as determined by EWA or the relevant Activities organiser, in their sole discretion) or refusal by me to follow any direction of EWA or an Activities organiser, may result in my immediate disqualification from the Activities and the forfeiting of all fees paid in relation to those Activities.

#### **RELEASE AND WAIVER**

- 3. To the maximum extent permitted by law:
  - a. I waive all legal and equitable rights of action against EWA, including its officials, volunteers, medical personnel, members, employees, sponsors, promoters, advertisers, owners and lessees of premises on which Activities are held, underwriters, consultants and coaches (Associates), in regard to any claim arising from Activities, whatsoever or howsoever arising; and
  - b. I fully release and hold harmless EWA and each of its Associates for all and any loss, damages, injury, claim or death whatsoever or howsoever arising out of or in relation to the Activities.
- 4. I represent and warrant that:
  - a. in the event I feel unsafe or unwell in any way, I will immediately advise EWA and the relevant Associates and will immediately cease to participate in the Activities;
  - b. I assume full responsibility and liability for any risk of bodily injury, death or property damage arising from participating in the Activities, whatsoever or howsoever arising;
  - c. if I have any queries about this Waiver and Release of Liability, I have discussed those queries with EWA, or otherwise sought my own legal advice and satisfied myself as to those queries;
  - d. I understand that my signature to this document constitutes a complete and unconditional release of EWA and its Associates from all liability to the maximum extent allowed by law in the event of me and/or the minor(s) or children under my care, suffering injury or death, or any of my property (including horses) suffering damage, injury or death; and
  - e. I have explained the contents of this Waiver and Release of Liability to the minor(s) or children under my care, who have in turn confirmed to me their understanding of the terms and effect of this Waiver and Release of Liability.

Name: (Block Letters)	Date of Birth://
Sign Here:	Date://
PARENT/GUARDIAN CONSENT FOR UNDER 18 YEAR OLD PARTICIPANTS.	
Name: (Block Letters)	Date of Birth: / / /
Sign Here:	Date:/ / /



# Equestrian Western Australia Payment Plan Application

Office Use Only Received Stamp

Membership Expires 31st December 2021

	membership required.	Payment Plan over 3 months via Westpac PayWay  Please note: Payment plans require a minimum upfront payment via credit card.							
Membership Category	2021 Mid-Year Membership Fee	50% payment Via Credit Card	1 <sup>st</sup> Month	2 <sup>nd</sup> Month	3 <sup>rd</sup> Month				
Competitor Senior	\$304.00	<i>\$152.00</i>	\$51.00	\$51.00	\$50.00				
Competitor Junior	\$171.00	\$85.50	\$30.00	\$30.00	\$25.50				
Participant Senior	\$153.00	N/A	N/A	N/A	N/A				
Participant Junior	\$105.00	N/A	N/A	N/A	N/A				
Supporter Other/Owner/Coach	\$153.00	N/A	N/A	N/A	N/A				
Supporter Official	\$102.00	N/A	N/A	N/A	N/A				
Recreational Senior	\$118.00	N/A	N/A	N/A	N/A				
Recreational Junior	\$118.00	N/A	N/A	N/A	N/A				
Adult Riders (ARCA/EWA Affiliated Club Members Only)	\$114.00	N/A	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 14<sup>th</sup> or 28<sup>th</sup> 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:

 $\hfill\square$  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 resp<mark>onsible for all leg</mark>al 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:								
Please note: Payment plans require a minimum upfront payment via credit card.																
Type of Card (Circle):		Visa	1	Mas	MasterCard Debit Visa		a/MCar	d Ex	Expiry Date:/							
Card Number:																

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