

										Member No:									
SURNAME:																			
Given Name/s:										Date of Birth: ____ / ____ / _____									
<b>If you have any changes to your personal details please make changes below or insert No Changes.</b>																			
Residential Address:															Post Code:				
Postal Address:															Post Code:				
Mobile Phone:										AH:									
E-Mail Address:																			

Please circle your preference for the Upgrade  
The cost for your upgrade will be the difference between your two (2) memberships.

CIRCLE PREFERENCE BELOW	AGE	VOTING RIGHTS	24/7 PERSONAL ACCIDENT INSURANCE	REGISTER HORSES	COMPETE OFFICIALLY	FEES YEARLY
Competitor - Senior	18 +	YES	YES	YES	YES	\$466.00
Competitor - Junior	3 – 18	NO	YES	YES	YES	\$261.00
Participant - Senior	18 +	YES	YES	YES	NO	\$229.00
Participant - Junior	3 - 18	NO	YES	YES	NO	\$159.00
Supporter Other, Owner, Coach	18 +	YES	YES	YES	NO	\$229.00
Supporter – Official	18+	YES	YES	YES	NO	\$152.00
Adult Rider (ARCA/EWA Affiliated Club Members Only)	18+	YES	YES	NO	NO	\$168.00
Recreational - Senior	18+	NO	YES	NO	NO	\$122.00
Recreational – Junior	3 – 18	NO	YES	NO	NO	\$122.00

If you wish to pay in installments please click on the link from your renewal, go to the MyEA portal and select PayPal as your payment option and select four (4) payments.

**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)

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

**Or email: [reception@equestrianwa.org.au](mailto:reception@equestrianwa.org.au)**

Please make cheque/money order payable to 'Equestrian WA'. **Faxed or Email applications will not be accepted without credit card details.**

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