

PRIMARY CLUB ACTIVITIES: AREA OF INTEREST & ACTIVITY DETAILS (tick all that apply)

<input type="checkbox"/>	Dressage	<input type="checkbox"/>	Eventing	<input type="checkbox"/>	Jumping	<input type="checkbox"/>	Showhorse
<input type="checkbox"/>	Para-Equestrian	<input type="checkbox"/>	Vaulting	<input type="checkbox"/>	Driving	<input type="checkbox"/>	Trail/Social Rides
<input type="checkbox"/>	Driving	<input type="checkbox"/>	Reining	<input type="checkbox"/>	Endurance	<input type="checkbox"/>	Pony Club
<input type="checkbox"/>	Hunting	<input type="checkbox"/>	EA Education	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Stud Book
<input type="checkbox"/>	Agistment	<input type="checkbox"/>	Lessons	<input type="checkbox"/>	Events	<input type="checkbox"/>	Other
<input type="checkbox"/>	Breed Society	<input type="checkbox"/>	Adult Riders	<input type="checkbox"/>	Interschool	<input type="checkbox"/>	

Name of Insurer (If NOT insured with EA/Marsh): _____

AFFILIATION REQUIREMENTS (All documents supplied electronically to be emailed to:
members@equestrianwa.org.au)

Along with this form, copies of the below **must** be provided as part of the affiliation application; (please tick)

- Evidence of Current Incorporation
- Proof of Current Insurance (if insurance is NOT held through EA/Marsh club insurance scheme)
- Club Constitution (NEW Clubs or changes)

DECLARATION – MUST BE SIGNED

We hereby apply for Affiliate membership with Equestrian Australia (EA), Equestrian Western Australia Inc. (EWA) and agree to be bound by the Rules and Regulations of FEI, the EA, Equestrian Western Australia and all decisions of the Board of Equestrian Western Australia.

Signature: _____ Date: ____/____/____

SPORT AFFILIATE **\$155.00**

(National & State Associations ie PCAWA, RDA, Agricultural Societies, Breed Societies)

PAYMENT DETAILS - Return to EWA, 303 Cathedral Avenue, Brigadoon, WA, 6069

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

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

Type of Card: (circle)	Visa	MasterCard	Expiry Date: ____/____	Cvv: ____
Name on Card:			Signature: _____	
Card Number:				

If you wish to pay by direct deposit, please send this completed & signed form with a request and we will provide an Invoice and EWA bank details. The affiliation will not be completed until this form and the payment has been received.