



Organisation Name

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ABN Number

EWA Number

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Organisation Postal Address

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Suburb

Post Code

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Organisation Location/Venue Name

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Organisation Location/Venue Address

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Suburb

Post Code

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Website

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Local Government Name *(This information is to enable us to direct you to funding opportunities that may be in your area)*

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Preferred Correspondence Method Email Phone Call Phone SMS Postal

Has your organisation been affiliated with EWA before? Yes No If Yes, what year/s were you affiliated? _____

Primary Contact *(Please identify at least one primary contact from the below list to be used for EWA correspondence AND Website promotion)*

Name: _____

COMMITTEE DETAILS (Compulsory Fields)

Position	Name	Phone Contact	Email
President			
Vice President			
Secretary			
Treasurer			
Event Organiser			
Other Members			
Other Members			
Other Members			

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

_____ (**Applicant**) hereby applies for membership of Equestrian Western Australia and **Participating Membership** of Equestrian Australia Limited (**Equestrian Australia**).

As a member of the Branch and a Participating Member of Equestrian Australia, the Applicant agrees to be bound by:

1. The constitutions of Equestrian Australia and the Branch.
2. The rules, regulations, policies, by-laws, codes of conduct, codes of behaviour, directives, adjudications, and decisions (together **Statutes and Regulations**) of:
 - a) Fédération Equestre Internationale (**FEI**), the international sports federation for the sport of equestrianism.
 - b) Equestrian Australia.
 - c) The Branch.

The FEI's Statutes and Regulations are available on the FEI's website, at <https://www.fei.org/> (**FEI Website**).

Equestrian Australia's Statutes and Regulations are available on Equestrian Australia's website, at <https://www.equestrian.org.au/> (**EA Website**). The Branch's Statutes and Regulations are available upon request made to the Branch.

The Applicant acknowledges that the rights and benefits of membership of Equestrian Australia and the Branch (including as to coverage under Equestrian Australia's national insurance programs and use of all Equestrian Australia and the Branch Intellectual Property) shall cease in the circumstances where the Applicant's membership ends for whatever reason.

Signature: _____ Date: ____/____/____

SPORT AFFILIATE **\$164.00** (National & State Associations ie PCAWA, RDA, Agricultural Societies, Breed Societies)

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

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.