



Show Horse Council of Western Australia (Inc)
RENEWAL of MEMBERSHIP 2011/2012
PO Box 1290, WEST LEEDERVILLE WA 6901
ABN: 72076998511
(Affiliate of the Show Horse Council of Australasia Inc.)

Office Use Only
Date Received

Member No: _____

PERSONAL DETAILS AND DECLARATION

I, _____ (NAME)

of _____ POST CODE _____ (ADDRESS)

Ph: _____ Mobile: _____

Email: _____

I hereby apply for membership of the above Association. In the event of my admission as a member of the Association, I acknowledge membership of The Show Horse Council Of Australasia Inc. (S.H.C.) through Affiliation and I agree to be bound by THE RULES, for the time being in force, of both the Association and the Council. I declare, in making this application, that I do not hold membership with another Affiliated Association.

Horse Sports are a Dangerous Activity

In consideration for being permitted to participate in any way in horse sport activities, I, the undersigned, understand, acknowledge and accept that:

- Horse sports are a dangerous recreational activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.
- There is a significant risk that serious INJURY or DEATH may result from horse sport activities.
- I knowingly and freely assume all such risks, both known and unknown and I voluntarily PARTICIPATE at my OWN RISK and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in horse sport activities.
- I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activity and I take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or take drugs prohibited by law before or during these activities.
- I agree to follow the directions of any event organiser or official and that any misconduct or refusal by me to follow any direction of any organiser or official can result in the CANCELLATION of my participation in these activities and my immediate removal from my horse NO MATTER where that may occur. I understand that any such non-compliance may result in injury, death and/or permanent disability as a result of my failure to comply.
- I agree to wear a helmet at all times where required in accordance with the S.H.C. Rules and agree that I am solely responsible for ensuring that I comply with the S.H.C. Rules and take sole responsibility for my actions.

Do you agree to your details being supplied to selected Sponsors YES / NO

Are you Junior under 17 years of age? IF YES supply date of birth _____ NO

If a "Minor" under 18yrs one Parent or Guardian of the Applicant must sign below.

Signed: _____ Date: _____

Signature of Applicant OR IF A MINOR NAME & SIGNATURE OF PARENT / LEGAL GUARDIAN

CATEGORIES OF MEMBERSHIP AND FEES

All cheques/money orders payable to The Show Horse Council of WA Inc.
POST TO: SHC of WA Inc. PO BOX 1290 WEST LEEDERVILLE WA 6901

SENIOR ACTIVE / RIDING MEMBER	\$100.00
JUNIOR ACTIVE / RIDING MEMBER (Under 17 years)	\$80.00
SIBLING CONCESSION for 2nd and subsequent Junior member in the same family	\$70.00
NON-RIDER / NON-COMPETITOR MEMBER (24/7 P.A. Benefit does NOT apply) DEFINITION: (as provided by SHC Australasia Inc.) The Non Rider/Non Competitor Membership is for the Applicant who DOES NOT ride a horse at ANY time, either for pleasure, exercise or training & DOES NOT COMPETE as a rider or handler of a horse in ANY Competition or Event.	\$25.00

RENEWAL OF MEMBERSHIP DUE 31 JULY 2011

LATE FEE of \$20 will apply to renewal of Active / Riding membership received after 31 JULY 2011