

OFFICE USE ONLY:

Date Received

Show Horse Council WA Inc. ABN: 72076998511

P.O. BOX 1290 West Leederville WA 6901 | Email to: laneblack@bigpond.com
2019 / 2020 APPLICATION – NEW MEMBERSHIP / MEMBERSHIP RENEWAL

Please read this application carefully, complete all required details and sign. If the Application is on behalf of a minor less than eighteen (18) years of age, then a parent/guardian is to sign. Where a member/competitor is under the age of 18 years at least one parent or legal guardian must be a member of a SHC WA Inc.

The correct for must accompany the application. Applications are to be forwarded directly to Show Harse Council WA Inc.

| The correct fee must accompany the application. Applications are to be forwarded directly to Show Horse Council WA Inc. Fees are as shown below . | |
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| PERSONAL DETAILS (ONE FORM PER MEMBER) | |
| I, | MEMBER NUMBER: |
| Given Name Surname hereby apply for new membership / membership renewal of Sho | Courtesy Title ow Horse Council WA Inc. (affiliate of SHC of Australasia Inc.) |
| · · · · · · | members MUST have a Parent member) |
| ADULT ACTIVE □ \$143 (\$130 + gst) | JUNIOR ACTIVE \$110 (\$100 + gst) |
| NON-RIDER / NON-COMPETITOR S66 (\$60 + gst) | |
| NEW MEMBERS PRO-RATA January to June 2020 ADULT ACTIVE \$88 (\$80+gst) JUNIOR ACTIVE \$66 (\$60+gst | |
| ADD NEW MEMBERSHIP JOINING FEE \$22 (\$20 + gst) for new members joining after 21 February 2020 | |
| ADDRESS: | POSTAL ADDRESS (if different, eg PO Box): |
| | |
| | 5 |
| State: Postcode: | State: Postcode: |
| TELEPHONE: | PIC No: |
| MOBILE: | If Applicant is a minor less than eighteen (18) years of age Name of Parent Member: |
| EMAIL: | Name of Parent Member. |
| DATE OF BIRTH: | Parent Member Number: |
| <u>I agree</u> to the following personal details being displayed to the public in the On- Line Register of National Saddle Horses (unless this section is completed, the information will NOT be visible): | <u>l agree</u> to my contact details being supplied to selected stakeholders in the Sport : YES □ |
| Name: YES □ NO □ Address: YES □ NO □ Telephone / Email: YES □ NO □ | <u>l agree</u> to SHC WA using my photo in Newsletter, website and their social media site: YES □ |
| DECLARATION In the event of my admission as a member of this Affiliate I acknowledge m Affiliation and I agree to be bound by THE RULES, for the time being in forc that I do not hold membership with another Affiliated Association. | |
| Horse Sports are a Dangerous Activity In consideration for being permitted understand, acknowledge and accept that Horse sports are a dangerous reconstruction (changeable) way, especially if frightened or hurt. There is a significant risk knowingly and freely assume all such risks, both known and unknown and I for any injury, death or property damage I may suffer that arises from my property damage. | creational activity and horses can act in a sudden and unpredictable that serious INJURY or DEATH may result from horse sport activities. I I voluntarily PARTICIPATE at my OWN RISK and assume sole responsibility |
| I understand and acknowledge the dangers associated with the consumption I take full responsibility for any injury, loss or damage associated with their before or during these activities. | |
| I agree to follow the directions of any event organiser or official and that an official can result in the CANCELLATION of my participation in these activiti occur. I understand that any such non-compliance may result in injury, dea | es and my immediate removal from my horse NO MATTER where that may |
| I agree to wear a helmet at all times where required in accordance with the comply with the SHCA Rules and take sole responsibility for my actions. | SHCA Rules and agree that I am solely responsible for ensuring that I |
| Signed:(Signature of Applicant or Parent/Guardian if under 18 years of age) | Date: |
| | |
| NOTE: Membership is not valid until a completed Application for Membership is received and payment of membership has been successfully processed by the SHC WA Payment Options: (PLEASE DO NOT SEND CASH) Cheque made payable to SHC WA Inc. OR Credit Card (add details below) | |
| Name on Card: Tel No | |
| Card number: | Exp CCV Amount \$ |

Amount Received \$

Date added to Database