

Equestrian Australia 2018 EQ Commercial Application Form



This Form becomes a Tax Invoice on payment. Please copy for your records. (Branch ABN 79 598 577 242)

AFFILIATION CATEGORY

o Commercial Affiliates (Equestrian Centres, Businesses, Riding Centres/Schools, Studs, etc.)

EA Number	ORGANISATION NAME												
PRIMARY CONTACT DETAILS													
LOCATION OF GROUNDS USED BY THE COMMERCIAL GROUP (IF APPLICABLE)													
POSTAL ADDRESS													
SUBURB				POST CODE									
WEDGITE													
WEBSITE													
Contact Name:													
Mobile:	Email:												
BlueCard No:		Expiry Date	e:										
(Applicable if working with child	ldren)												
Commercial Affiliate categ	gory is available to busine	sses or groups which	align with FA to acce	ss FA services for a									
commercial benefit; people v	wanting to register horses i	n the name of their co	ompany or family name										
competing the horse officially	•		=	uncial members of FA									
Note: <u>Commercial Affiliates who run events cannot have club members.</u> All attendees must be financial members of EA. Benefits of a Commercial membership													
EA insurance discount													
 Use of EA sport rules & intellectual property (IP) Ability to deliver EA accredited programs (such as Ready Set, Trot, Horse Management & Riding) 													
 Access to EA & State Communications 													
Full & Base Horse Regi	istration												
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PRIMARY ACTIVITIES: AREA OF INTEREST & ACTIVITY DETAILS (required fields) This information will help us to explore options of development and co-ordinate with our committees to provide further services to our affiliates.													
Dressage	☐ Vaulting	_	☐ Interschool										
☐ Jumping ☐ Eventing	Show Horse Driving	Other	er										
Other:													
NAME OF INSURER (IF NOT INSURED WITH EA/GOW GATES)?													

AFFILIATION REQUIREMENTS

Along with this form, copies of the below must be provided as part of the affiliation application; (please tick) All documents supplied electronically to be emailed to: admin@equestriangld.com.au

Compulsory for all Affiliates		Recommended for all Affiliates holding events						
1.	PROOF OF CURRENT INSURANCE (Compulsory for all affiliates.	3.	BLUE CARDS FOR ALL STAFF (in contact with children)					
	Please advise if insurance is held through EA/Gow Gates club	4.	BIOSECURITY POLICY & PLANS					
	insurance scheme)	5.	RISK MANAGEMENT POLICY & PLAN					
2.	COPY OF RECORD OF REGISTRATION OF BUSINESS NAME	6.	LIST OF SHOW DATE/S FOR 2018 (If applicable)					

AFFILIATIONS WILL NOT BE FINALISED UNTIL ALL PAPERWORK HAS BEEN RECEIVED AND ACCEPTED BY THE EQUESTRIAN QLD OFFICE.

All documents supplied electronically to be emailed to: admin@equestriangld.com.au

WHO NEEDS A BLUE CARD?

Paid employees and volunteers If you work as a paid employee or volunteer with children and young people in the following area, you may need a blue card: - sport and active recreation.

For blue card enquiries, please call Blue Card Services on 1800 113 611(Free call within QLD - calls from mobile phones may attract charges) or 07 3211 6999.

https://www.bluecard.qld.gov.au/volunteers/index.html

All clubs/shows holding (EQ with a copy of show date	•	ipline committee.					
Are you a Ready Set Trot	Provider?	□ Yes	□ No (please tick)						
PAYMENT DETAILS 2018 Affiliation Fees: (see below)	ow)								
Commercial Group Equest	etc.	\$330.00							
Please return this form along with: Amount enclosed: \$ Payment of EQ Commercial Affiliation Show Date/s for 2018 (if applicable) Copy of your Shows Program (once complete, if applicable) Affiliation Requirements listed above (please email electronic copy of program to enquiries@equestrianqld.com.au)									
We hereby apply for Affiliate mem Rules and Regulations of FEI, the EA	· ·	, ,,		•					
Signature:			Date:/	<i>J</i>					

Return EQ, PO Box 1358, Coorparoo DC, 4151 or Fax to 07 3891 3088

Applications must be followed with all additional documentation requested, before it will be processed.

Payment Details: {PLEASE NOTE: IF PAYING BY CARD AN ADDITIONAL 1.5 % BANK CHARGE WILL APPLY}

PLEASE FILL IN FOR PAYMENT BY CREDIT CARD Signature											_						
TYPE OF CARD	□VISA	4	□Mas	tercard		□Bank	card		Amex		EXPI	EXPIRY DATE					
NAME ON CARD:																	
CARD NUMBER:																	