

Equestrian Australia 2019 EQ Club Affiliate Application Form



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

AFFILIATION CATEGORY: CLUB

EA Number	ORGANISATION NAME													
PRIMARY CONTACT DETAIL	S (required fields)													
NAME & LOCATION OF GROUN	IDS USED BY THE ORGANISATION													
SUBURB		POS	T CODE											
			<u> </u>											
POSTAL ADDRESS														
SUBURB		POS	T CODE											
WEBSITE														
Event Contact Name:														
Mobile:Email:														
Mobile:	BlueCard No:	Expiry Date:												
Vice-President's Name:	Email: _													
Vice-President's Name:														
Treasurer's Name:	Email: _													
Mobile:	BlueCard No:	Expiry Date:												
Secretary's Name:	Email:													
Mobile:	BlueCard No:	Expiry Date:												
Name of your Local Gove		ur area)												
(This information is to enable us to direct you to funding opportunities that may be in your area) When is your AGM:														
,														
·	SURED WITH EA/GOW GATES)?													
	B (to be completed by clubs not insured by Go questrian sport in Queensland, Equestrian Queenslan	n Gates) I needs accurate statistics on participation levels for vo	arious											
demographic groups. It would be a	appreciated if you could fill in the statistics below to a	sist us in this important function												
TOTAL CLUB MEMBERS	NUMBER OF EA MEMBERS	NUMBER OF NON-EA MEMBERS												
CLUB ACTIVITY DAYS	JOINT CLUB/PARTICIPANT DAYS	COMPETITIVE DAYS												
AFFILIATION REQUIREMENT Along with this form, copies of the	TS All documents supplied below must be provided as part of the affiliation app	electronically to be emailed to: <u>admin@equestrianglington</u>	<u>d.com.au</u>											
Compulsory for all Affiliates Recommended for all Affiliates														
EVIDENCE OF CURRENT IN	CORPORATION	BIOSECURITY POLICY & PLANS												
	RANCE (if insurance is not held through EA/Gow	BLUE CARDS FOR EXECUTIVE COMMITTEE	<u> </u>											
Gates club insurance sche	•	RISK MANAGEMENT POLICY & PLAN												
	i item claus of changes)													

AFFILIATIONS WILL NOT BE FINALISED UNTIL ALL PAPERWORK HAS BEEN RECEIVED AND ACCEPTED BY THE EA STATE BRANCH OFFICE.

- All clubs/shows holding official classes must first submit their show dates to the specific discipline committee.
- Once dates are approved, please supply EQ with a copy of show dates & event programs to advertise online.

	MARY CLUB ACTI information will help											to prov	ide furth	ner serv	rices to o	ur Affil	ates.
	Dressage		<u> </u>			aulting					ПП	Inters	school				
	Jumping				=	now Ho	rse					Othe	r				
Ш	Eventing				∐ D	riving											
ΡΔΥ	MENT DETAILS										201	Ι Ο Δff	iliation	Fees	: (see ti	ahle h	elow)
Club		Groups,	Clubs									- J / (III		\$270.0		abic b	ciowy
	COUNT AVAILABLE	•		V IE DA	ID BV 3	1 14111	IABV 20	10						,	-		
	CLUDES GST)		2019 F		נ זם טו	I JANU	-15%				-25%	6			-30	%	
Club	•		\$270				\$229.				\$202.				\$18		
EQ (CLUB DISCOUNT (Available to Affiliates that renew before 31/01/19) EQ Club Affiliates are eligible to receive a discount of up to 30% off the EQ Affiliate fee. (Please tick) Random checks will be completed throughout the year to ensure you are complying. You must meet the following criteria to qualify:																
YOU MUST MEET ALL OF THE FOLLOWING CRITERIA TO RECEIVE A 15% DISCOUNT OFF YOUR RENEWAL FEE																	
1	Our club has an up	o date ri	sk mana	agement	policy a	ind bios	ecurity p	lan and	ensures	it is imp	olemente	ed					
2	Blue cards are held	by all me	mbers o	of the clu	ıb comn	nittee											
3	At least one member of the club committee has attended a biosecurity workshop/webinar in the last year																
4	4 Our club will send all official/participant competition entry checks and official results to the EQ office																
	IN ADDITION	TO THE A	ABOVE	CRITERI	A, SELE	CT ANY	4 OF TH	IE FOLL	owing	CRITER	RIA TO R	ECEIVE	A 25%	OFF YO	UR REN	EWAL	FEE
1	Our club uses only EA accredited coaches for our training days																
2	50% of participants competing at our club/events are EQ members																
3	At least 50% of our events are open to EQ members as participant or official competitions																
4	At least 2 members of the committee have completed the following 'Play By The Rules' online courses: Child Protection; Complaints																
5	Handling, Harassment & Discrimination At least 2 members of the committee have completed the following 'Play By The Rules' online courses: Member Protection																
	Information Officer																
6	Our club has held at least 1 FO education forum/seminar in the last year (i.e. course designers clinic, imm judges clinic, dressage																
7	education seminar)																
8	·																
9	9 Our club has a volunteer reward program in place and/or we have nominated/will nominate a member of our club in the volunteer category for the EQ Annual Awards																
10	Our club has an asset management process																
11	Our club has comple	eted the	ASC Clu	b Health	Check												
IF YOUR CLUB HAS QUALIFIED FOR THE 30% DISCOUNT OFF YOUR RENEWAL FEE, YOU ARE ELIGIBLE TO RECEIVE A FURTHER 10% DISCOUNT IF YOU MEET THE FOLLOWING CRITERIA									10%								
1	100% of participant					re EQ m	embers										
Furt	l her information abo	ut the ak	ove cri	teria, in	cluding	links to	any we	binars a	ınd cour	ses are	availabl	e on th	ne club p	ages o	f the we	ebsite:	
	://www.qld.equestri				_		•							J			
We he	reby apply for Affilia	te mem	hershin	of the F	- nuestri	an Aust	ralia (F	A) Faue	strian C	ueensl	and Inc	(FO) at	nd agree	to he	hound h	ny the F	Rules and
	ations of FEI, the EA,				•		-						ia agree	. 10 50	bound t	,,	tuics aric
	Signature:							Date	e:		_/						
	Return EC). PO Bo	x 1358	. Coorp	aroo D	C. 4151	L or Fax	to 07 3	3891 30	88 or e	email ad	lmin@	eauest	rianalo	d.com.a	u	
Return EQ, PO Box 1358, Coorparoo DC, 4151 or Fax to 07 3891 3088 or email admin@equestrianqld.com.au (If you wish to pay by direct deposit, please send this completed & signed form along with a request and we will email you the bank details.)																	
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	Ī	□ VIS	A		Master	card		Bankcaı	·d		EVE	PIRY DAT	F		/	
	E ON CARD:	1										LAP	ı DAI	-		-	
	NUMBER:																