

Equestrian Australia 2018 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												
CHRIDD		DOST CODE											
SUBURB		POST CODE											
POSTAL ADDRESS													
SUBURB		POST CODE											
WEBSITE													
Event Contact Name:													
Mobile:	Email:												
President's Name:	Email: _												
Mobile:	BlueCard No:	Expiry Date:											
Vice-President's Name:	Email: _												
Mobile:	BlueCard No:	Expiry Date:											
Treasurer's Name:	Email: _												
Mobile:	BlueCard No:	Expiry Date:											
Secretary's Name:	Email: _												
Mobile:	BlueCard No:	Expiry Date:											
Name of your Local Gove (This information is to enable us to When is your AGM:	rnment: direct you to funding opportunities that may be in yo	rour area)											
NAME OF INSURER (IF NOT INS	SURED WITH EA/GOW GATES)?												
As part of its function to promote e	B (to be completed by clubs not insured by Go equestrian sport in Queensland, Equestrian Queenslan appreciated if you could fill in the statistics below to a	nd needs accurate statistics on participation levels for various											
TOTAL CLUB MEMBERS	NUMBER OF EA MEMBERS	NUMBER OF NON-EA MEMBERS											
CLUB ACTIVITY DAYS	JOINT CLUB/PARTICIPANT DAYS	COMPETITIVE DAYS											
AFFILIATION REQUIREMENTS All documents supplied electronically to be emailed to: admin@equestriangld.com.au Along with this form, copies of the below must be provided as part of the affiliation application; (please tick)													
Compulsory for all Affiliates		Recommended for all Affiliates											
CLUB CONSTITUTION (for		BIOSECURITY POLICY & PLANS											
□ EVIDENCE OF CURRENT INCORPORATION □ BLUE CARDS FOR EXECUTIVE COMMITTEE □ PROOF OF CURRENT INSURANCE (if insurance is not held through EA/Gow □ RISK MANAGEMENT POLICY & PLAN													
Gates club insurance sche	-	I NON WANAGEMENT FOLICT & FLAN											

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.
- Then supply EQ with a copy of show dates.

	MARY CLUB ACTI information will help											s to prov	vide furtl	her se	rvice	s to o	ur Affilia	ates.
	Dressage				_	☐ Vaulting ☐ ☐ Show Horse ☐						Interschool Other						
lΗ	☐ Jumping ☐ Eventing					☐ Driving				Othe	'I							
PAYMENT DETAILS 2018 Affiliation Fees: (see table									able be	elow)								
Club Groups, Clubs \$270.00																		
DISC	COUNT AVAILABLE	TO CLUI	BS ONL	Y IF PA	ID BY	31 JANU	JARY 20	018.										
	(INCLUDES GST) 2018 F				-15%				-25%						-30%			
Club)		\$270	0			\$229.	50			\$202	.50				\$189	9	
EQ (B DISCOUNT (Avail Club Affiliates are el dom checks will be cor	ligible to	receiv	e a dise	count	of up to	30% of	f the E0					criteria	to qua	alify:			
YOU	MUST MEET ALL OF	F THE FO	LLOWII	NG CRIT	ΓERIA '	TO RECEI	VE A 15	% DISC	OUNT O	FF YOU	IR RENE	WAL FI	ΕE					
1	Our club has an up	to date ri	sk mana	agemen	t policy	and bios	ecurity i	olan and	ensures	it is im	plement	ed						
2	Our club has an up to date risk management policy and biosecurity plan and ensures it is implemented Blue cards are held by all members of the club committee																	
	+																	
3	At least one member of the club committee has attended a biosecurity workshop/webinar in the last year Our club will send all official/participant competition entry checks and official results to the EQ office																	
4					<u> </u>													
	IN ADDITION							HE FOLL	OWING	CRITER	RIA TO F	RECEIVE	A 25%	OFF Y	OUF	REN	EWAL I	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 Handling, Harassment & Discrimination																	
5	At least 2 members of the committee have completed the following 'Play By The Rules' online courses: Member Protection Information Officer																	
6	At least 1 member of the committee has attended the Member Protection Information Officer workshop																	
7	Our club has held at least 1 EQ education forum/seminar in the last year (i.e. course designers clinic, jump judges clinic, dressage education seminar)																	
8	At least 2 members	of our cl	ub com	mittee h	nave wa	atched a i	minimun	n of 1 Ec	Juestrian	Queen	sland w	ebinars						
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 comple	eted the	ASC Clu	b Health	n Check	<												
DISC	IF YOUR CLUB					% DISCO	UNT OF	F YOUR	RENEW	AL FEE,	, YOU A	RE ELIG	IBLE TO	RECE	IVE	A FUR	RTHER :	10%
1						aro EO n	aamhara											
	100% of participant																	
	her information about the information about the information about the information are information about the in					-	•	binars a	and cour	ses are	availat	ole on ti	ne club p	oages	of ti	ne we	bsite:	
We he	reby apply for Affilia	ite mem	bershin	of the	Equest	trian Aus	tralia (F	A), Eaue	estrian C	ueensl	and Inc	. (EQ) a	nd agree	e to b	e bo	und h	y the R	ules and
	ations of FEI, the EA,																,	
	Signature:						-	Date	e:	_/	_/							
	Return EC	Q, PO Bo	ox 1358	3, Coorp	paroo	DC, 415	1 or Fax	to 07	3891 30	88 or 6	email a	dmin@	equest	rianq	ld.c	om.a	u	
	(If you wish to pay I Pay	-	-	-		his comp				_	-			-			nk deta	ils.)
PLEA	SE FILL IN FOR PAYME	ENT BY CF	REDIT CA	ARD					Signat	ure]
TYPE	OF CARD		□ VIS	SA		☐ Maste	1 Mastercard ☐ Bankcard E					EXI	EXPIRY DATE /					
NAM	E ON CARD:											•						
CARI	NI IMPED:																	