



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

AFFILIATION CATEGORY

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

EA Number	ORGANISATION NAME					
PRIMARY CONTACT DETAILS	S					
LOCATION OF GROUNDS USED E	3Y THE COMMERCIAL GROUP (IF APPLICABLE)					
POSTAL ADDRESS						
SUBURB	POST CODE					
WEBSITE						
Contact Name:						
Mobile:	Email:					
BlueCard No: (Applicable if working with chi						

Commercial Affiliate category is available to businesses or groups which align with EA to access EA services for a commercial benefit; people wanting to register horses in the name of their company or family name. However, anyone competing the horse officially will need to be a financial member in their own right.

Note: <u>Commercial Affiliates who run events cannot have club members. All attendees must be financial members of EA.</u> Benefits of a Commercial membership

- EA insurance discounted packages
- 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 Registration

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	Show Horse	Other
Eventing	Driving	

Other:

NAME OF INSURER (IF NOT INSURED WITH EA/GOW GATES)? _

All information contained in this document will be dealt with in accordance with the EQ Privacy Policy. This Policy may be viewed at <u>http://www.qld.equestrian.org.au/content/policies-and-laws</u>

AFFILIATION REQUIREMENTS

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

Con	npulsory for all Affiliates	Reco	ommended 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)
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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: <u>admin@equestrianqld.com.au</u>

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 official classes must first submit their show dates to the specific discipline committee. Then supply EQ with a copy of show dates.

Are you a Ready Se	t Trot Provider?	□ Yes	□ No	(please tick)
PAYMENT DETAILS 2018 Affiliation Fees: (ísee below)			
Commercial Group	Equestrian Centres, Riding Cen	ntres/Schools, Breeders, Studs,	etc.	\$330.00
Show Date/s for 2 Copy of your Show Affiliation Require	n along with: mmercial Affiliation 018 (if applicable) vs Program (once complete, ements listed above tronic copy of program to en	if applicable)	Amount enclose	d: \$
We hereby apply for Affilia Rules and Regulations of FE	te membership of the Equestria I, the EA, Equestrian Queenslar	an Australia (EA), Equestrian O	ueensland Inc. (EQ)	ensland.

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	Signature			
TYPE OF CARD		□ Mastercard	Bankcard	EXPIRY DATE /			
NAME ON CARD:							
CARD NUMBER:							