

Equestrian Australia 2025 EQ Club Affiliate Form



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

AFFILIATION CATEGORY:

Club Affiliate

EA Number (Office Use)	AFFILIATE NAME					
PRIMARY CONTACT DETAILS (required	elds)					
LOCATION OF GROUNDS USED:						
POSTAL ADDRESS:						
	POST CODE:					
WEBSITE:						
Event Contact Name:						
Mobile:	Email:					
COMMITTEE DETAILS						
President's Name:						
Mobile:	Email:					
BlueCard No:	Expiry Date:					
Vice-President's Name:						
Mobile:	Email:					
BlueCard No:	Expiry Date:					
Treasurer's Name:						
Mobile:	Email:					
BlueCard No:	Expiry Date:					
Secretary's Name:						
Mobile:	Email:					
BlueCard No:	Expiry Date:					
NAME OF LOCAL GOVERNMENT AUTHORI	(COUNCIL):					
	ı to funding opportunities that may be in your area)					
MONTH OF TOOK AGIN (DATE).						
NAME OF INSURER (IF NOT INSURED WITH	EA/MARSH INSURANCE BROKERS)? Marsh/EA Other					
	Expiry Date:					

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

MEMBERSHIP DETAILS OF CLUB (to be completed by clubs)

As part of its function	to promote equestrian sport in Queensland, Equestrian Queensland needs accurate statistics on participation levels for varie	ous
demographic groups.	It would be appreciated if you could fill in the statistics below to assist us in this important function	

		,,,					
TOTAL CLUB MEMBERS		NUMBER OF EA MEME	BERS	1	NUMBER OF NON-EA	A MEMBERS	
CLUB ACTIVITY DAYS	B ACTIVITY DAYS JOINT CLUB/PARTICIPANT				COMPETITIVE DAYS		
PRIMARY CLUB ACTIVITIES	S: AREA OF INTERI	ST & ACTIVITY DETAI	LS (tick all tha	t apply)			
Dressage		☐ Vaulting			Interschool		
Jumping		Show Horse			Other		
					U Other		
Eventing		Driving					
AFFILIATION REQUIREM Along with this form, copi	es of the below doc	uments <u>must</u> be provic pplied electronically to					
COMPULSORY FOR A	ALL AFFILIATES						
☐ PROOF OF CURRE	NT INSURANCE (ce	ertificate of currency)	ificate of currency)		RENT INCORPORATION (for new Clubs)		
		I —					
			L CLUB	CON2111011(ON (for New Clubs o	r Constitutior	nai Changes)
	All documents su	pplied electronically to	be emailed to:	enquiries@c	equestriangld.com.a	au	
2. The rules, regulation Statutes and Regul	of Equestrian Austrons, policies, by-laviations) of: questre Internation ustralia. egulations are availatutes and Regulations are diges that the rights lia's national insurates where the Appl	ralia and the Branch. ws, codes of conduct, nale (FEI), the internat lable on the FEI's web tions are available on the available upon reques and benefits of mem ance programs and us	codes of beha tional sports for site, at https:/ Equestrian Aus it made to the bership of Equest e of all Equest	viour, directi ederation for /www.fei.org stralia's webs Branch. uestrian Austr rian Australia	ves, adjudications, the sport of eques g/ (FEI Website). site, at https://www	and decisio strianism. w.equestriar ch (including ntellectual Pi	n.org.au/ (EA
PAYMENT DETAILS					2025 Affi	liation Fees	:
Club Affiliation						\$180.0	00
lf you wish to pay by direct Can we ask that you AFFILIATIONS WILL NOT BE	email a copy of you FINALISED UNTIL 1 Please Note:	Name BSB CONTROLL NO CONTROLL	Equestrian Qu 084 004 12651 1255 ffiliate Name of advice of paym OF PAYMENT, EIVED BY THE E al Form becom ies@equestrian	& EA No. nent, showing THE COMPLE O OFFICE. es an invoice nald.com.au	TED FORM & ALL R	EQUESTED D	
CDEDIT CARD DETAILS	{PLEASE NOTE: A	N ADDITIONAL 1.5 % BA	NK CHARGE W	ILL APPLY TO	ALL CREDIT CARD	S}	
CREDIT CARD DETAILS							
TYPE OF CARD	∐ VIS	SA LI	Mastercard		EXPIRY DAT	E	
NAME ON CARD:					Ī		
CARD NUMBER:							