2015 Restricted Membership Form	-1
Interschool Queensland Showcase	*
EQUESTRIAN EQUESTRIAN	*
QUEENSLAND         PO Box 1358 COORPAROO DC QLD 4151           Ph: 07 3891 6611 FAX: 07 3891 3088	EQUESTRIAN AUSTRALIA
Website: <u>www.qld.equestrian.org.au</u>	
Email: <u>enquiries@equestrianqld.com.au</u> This Form becomes a TAX INVOICE on payment. ABN: 79 598 577 242	
Surname: Given Name:	
Postal Address	
Town: State: Post	Code:
Telephone: BH: AH: Mobile:	
Email:	
Date of Birth: (Required by ALL NON- MEMBERS) Gender:	male / female
Have you previously been a member of EA? Yes / No If yes, please provide your number if possible:	
Do you own a horse? Yes / No (please circle) If yes, supply a PIC number of the property where the	horse is located.
Property Identification Code (PIC):	
Membership Categories (includes GST) – Membership is only current for Saturday 18 April – no included in the restricted membership payment (Please indicate $\checkmark$ category)	personal accident is
<ul> <li>Restricted Participant: Junior \$20</li> </ul>	
Please note that restricted membership is for participant level only for Saturday 18 April, 2015 at the Interschool Qu	eensland Showcase.
You are not eligible to enter any Full Equestrian Queensland Membership classes that are being run by Interschool	Queensland at the same venue.
Should you wish to join EQ after the event and within seven (7) days of the show, this amount will be deducted from that is appropriate to your requirements. The \$50.00 joining/lapse fee will also be waived.	n the category of membership
MEMBERSHIP AGREEMENT - I hereby apply for renewal of my membership of EA Ltd & EQ Inc. In doing so, I ag & Regulations of the FEI, EA Ltd and EQ Inc. & all decisions of the Committees of the Branch. THIS FORM MUST BE SIGNED OR IT WILL BE RETURNED	gree to be bound by the Rules
Release and Waiver of Liability	
(This release and waiver applies to all Equestrian Queensland endorsed activities)	
In consideration for being permitted to participate in any way in horse sport activities, I, the undersigned, understand, acknowledge ar Horse sports are a dangerous activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or There is a significant risk that serious INJURY or DEATH may result from horse sport activities. I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs and agree not to de by law before or during any horse sports activities.	hurt.
I agree to follow the directions of any event organiser or official and that any misconduct or refusal by me to follow any direction of any the CANCELLATION of my participation in the activities and my immediate removal from my horse NO MATTER where that may occur I agree to wear an approved helmet at all times whilst participating in the sport where this is required under the relevant EA and FEI rule have had sufficient opportunity to read this Dangerous Activity Acknowledgement and fully understand its terms and sign it freely and	ur. ules and regulations.
Signature of Member Date/	/
For Participants of Minority Age (Under Age 18) Parent / Guardian Name	ee to my minor child's involvement
Signature (Member or Parent / Guardian)//	
Postage & Payment Details         {PLEASE NOTE: IF PAYING BY CREDIT CARD AN ADDITIONAL 3% BANK C           o         Cheque / Money Order         Enclosed for \$         Please make payable to Equestria           Please charge My         o         Bankcard         o         Visa         o         AMEX         \$	CHARGE WILL APPLY} n Queensland
Card number : EXP:	
Card Holders Name: Signature:	Date:
Please return this notice along with payment. The branch waiver <u>must</u> be signed prior to membership being processed.	