

Equestrian Australia 2019 EQ Commercial Application Form



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

AFFILIATION CATEGORY

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

EA Number	ORGANISATION NAME										
PRIMARY CONTACT DETAILS											
LOCATION OF GROUNDS USED BY THE COMMERCIAL GROUP (IF APPLICABLE)											
DOCTAL ADDRESS		-1 1 1 1									
POSTAL ADDRESS											
SUBURB				POST CODE							
WEBSITE											
Contact Name:											
Mobile:	Email:										
BlueCard No:											
(Applicable if working with childre	ren)		,								
Commercial Affiliate category commercial benefit; people war			_								
competing the horse officially w				manie. However, anyone							
Note: <u>Commercial Affiliates what</u>		have club member	rs. All attendees must l	be financial members of EA.							
 Benefits of a Commercial me EA insurance discounted 											
Use of EA sport rules & in	· -	P)									
 Ability to deliver EA accredited programs (such as Ready Set, Trot, Horse Management & Riding) 											
 Access to EA & State Communications Full & Base Horse Registration 											
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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		☐ Intersch	ool							
☐ Jumping ☐ Eventing	Show Hoi	rse	Other	Other							
Other:	<u> </u>		1								
NAME OF INSURER (IF NOT INSU	SLIRED WITH EA/GOW	GATES)?									

(please supply a copy of your Certificate of Currency)

AFFILIATION REQUIREMENTS

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

Compulsory for all Affiliates		Recommended 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 2019 (If applicable)						

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: admin@equestriangld.com.au

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	y EQ with a copy of show o	dates.					
Are you a Ready Se	et Trot Provider?	□ Yes	□ No (pled	ase tick)				
PAYMENT DETAILS 2019 Affiliation Fees:	(see below)							
Commercial Group	s, etc.	\$400.00						
Please return this form along with: Payment of EQ Commercial Affiliation Show Date/s for 2019 (if applicable) Copy of your Shows Program (once complete, if applicable) Affiliation Requirements listed above (please email electronic copy of program to admin@equestrianqld.com.au) We hereby apply for Affiliate membership of the Equestrian Australia (EA), Equestrian Queensland Inc. (EQ) and agree to be bound be Rules and Regulations of FEI, the EA, Equestrian Queensland and all decisions of the Board of Equestrian Queensland. Signature: Date:								

Return: Equestrian Qld, Sports House Milton, 150 Caxton St, MILTON, Q 4064

Applications must be followed with all additional documentation requested, before it will be processed.

(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	□ VISA □ Mastercard					☐ Bankcard					EXPIRY DATE					
NAME ON CARD:																
CARD NUMBER:																