

## Equestrian Australia 2019 EQ Sport Affiliate Application Form



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

EA Number				ORGANISATION NAME														
PRIMARY CONTACT DETAIL	S (requir	ed fiel	lds)															
LOCATION OF GROUNDS USED		-	-	N														
														Ì				
DOCTAL ADDRESS														1				
POSTAL ADDRESS														Τ				
SUBURB								ļ						1	1	PC	ST C	ODE
WEBSITE					ı	ı	1	1		1		1			1	 1		
ffiliate's Contact Name:																 		
obile:				E	mail	:										 		
esident's Name:																		
lobile:																		
ueCard No:																		
ce-President's Name:																		,
lobile:				E	mail	·										 		
lueCard No:					Expiry Date:													
easurer's Name:																		
obile:																		
ueCard No:																		
uecaru No								фпу	Date									
cretary's Name:																		
obile:				E	mail	·										 		
ueCard No:							E>	piry	Date	e:								

Do you require a new Show Jumping Score Pad to be sent out to you? (please tick) (Provision for Sport Affiliates' to be provided one jumping score pad annually, free of charge)

	Yes		□ N	o
--	-----	--	-----	---

Please indicate all	the EA Disciplines that you currently service.	(please tick)		
Jumping	Show Horse	Dres	ssage	
	mation contained in this document will be dealt with in acc s Policy may be viewed at http://www.qld.equestrian.org.a			
AFFILIATION REQU	REMENTS			
Along with this form,	copies of the below <u>must</u> be provided as part of the aff			
	locuments supplied electronically to be emailed to:		<u>au</u>	
Compulsory for all Affil		nmended for all Affiliates BIOSECURITY POLICY & PLAN:	<u> </u>	
		RISK MANAGEMENT POLICY &		
☐ PROOF OF CURRE		LIST OF SHOW DATE/S FOR 20		
	TIONS WILL NOT BE FINALISED UNTIL ALL PAPERWORK HAS island Office must receive this form to finalise your Affi pending until all documents requested ar	liation, in the meantime yo		
	nolding official classes must first submit their show da oved, please supply EQ with a copy of show dates & Ev			
☐ Copy of your Sh  We hereby apply for Af		n Queensland Inc. (EQ) and a		
Signature:		Date:/		
PAYMENT DETAILS 2019 Affiliation Fees	(see table below)			
Sport Affiliate	Show Societies (subsidy QCAS)		\$100.00	
Sport Affiliate	Breed Societies, National & State Associations, (RDA)		\$190.00	
If you wish to pay by	irect deposit, please send this completed & signed for	Amount enclo		
	the bank details.	-	-	
Applicati	ns must be followed with all additional information req	uested, before it will be pro	ocessed.	
Return: Equestrian Q	d, Sports House Milton, 150 Caxton St, MILTON, Q 406	64 or email: <u>admin@eques</u>	triangld.com.au	
Paymen	Details: {PLEASE NOTE: IF PAYING BY CARD AN ADDIT	ONAL 1.5 % BANK CHARGE	WILL APPLY}	
PLEASE FILL IN FOR PAYME	T BY CREDIT CARD Signature			
TYPE OF CARD	□ VISA □ Mastercard □ Bankcard	EXPIRY DA	те /	
NAME ON CARD:		<u>.</u>		
CARD NUMBER:				