

Equestrian Australia 2020 EQ Club Affiliate Application Form



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

AFFILIATION CATEGORY: CLUB

EA Number	ORGANISATION NAME										
PRIMARY CONTACT DETAIL	S (required fields)										
NAME & LOCATION OF GROUP	NDS USED BY THE ORGANISATION										
SUBURB		POST CODE									
POSTAL ADDRESS											
SUBURB		POST CODE									
MEDOLET.											
WEBSITE											
Event Contact Name:											
Mahila	Email										
Mobile.	LIIIdII										
President's Name:		Email:									
Mohile:	BlueCard No:	Expiry Date:									
	Blaccara No										
Vice-President's Name:Email:											
Mobile:	BlueCard No:	Expiry Date:									
Treasurer's Name:Email:											
Mobile:	BlueCard No:	Expiry Date:									
Secretary's Name:	t	Email:									
Mobile:	BlueCard No:	Expiry Date:									
NAME OF YOUR LOCAL GOVERNMENT:											
This injoinnation is to enable as to affect you to junding opportunities that may be in your area)											
WHEN IS YOUR AGM (DATE):											

NAME OF INSURER (IF NO	T INSUI	RED WI	TH EA/	GOW G	ATES)?											
MEMBERSHIP DETAILS OF As part of its function to p for various demographic g	romote	equest	trian sp	ort in C	Queensi	land, Ed	questria	n Quee							•	
TOTAL CLUB MEMBERS			^	NUMBER OF EA MEMBERS					NUMBER OF NON-EA MEMB					BERS		
CLUB ACTIVITY DAYS		JOINT CLUB/PARTICIPANT DAYS							COMPETITIVE DAYS							
AFFILIATION REQUIREN			be em	ailed to	o: <u>enq</u> ı	uiries@	equest	rianqld.	com.aı	<u>.ı</u>						
Along with this form, copi	es of th	e belov	w <u>must</u>	be pro	vided a	is part o	of the a	ffiliatio								
Compulsory for all Affiliates								Recommended for all Affiliates								
 □ EVIDENCE OF CURRENT INCORPORATION □ PROOF OF CURRENT INSURANCE (if insurance is not held through EA/Gow Gates club insurance scheme) □ CLUB CONSTITUTION (for New Clubs or Changes) 							 □ BIOSECURITY POLICY & PLANS □ BLUE CARDS FOR EXECUTIVE COMMITTEE □ RISK MANAGEMENT POLICY & PLAN 									
							e dealt									
PRIMARY CLUB ACTIVITIE This information will help our Affiliates. Dressage Jumping				of club		opment				o our Co		school	orovide	furthe	er servic	es to
Eventing				Driving												
PAYMENT DETAILS								2020 Affiliation Fees:								
Clubs									\$290.00							
We hereby apply for Affil Rules and Regulations of F	EI, the	EA, Equ	uestriai	n Queei	nsland	and all	decisio	ns of th	e Board	d of Equ	uestriar		nsland.		e boun	d by the
Return: Equestrian C *If you wish to pay by Queensland b	direct	deposi tails. Tl	t, pleas he affili	se send iation v	this co vill not	mplete be con	d & sig npleted	ned for until th	m with nis forn	a requ	iest and he payi	d we wi nent ho	II provi as been	de the	Equest	
CREDIT CARD DETAILS	{PL	EASE N	IOTE: IF	PAYIN	G BY CA	ARD AN	ADDITIO	ONAL 1.	5 % BAI	NK CHA	RGE WI	LL APPI	_Y}			
						S	Signatur	e								-
TYPE OF CARD		□ VISA □ Mastercard						ercard	d EXPIRY DATE /							
NAME ON CARD:		— VISA — Ividsteftdir						cicalu	rd EXPIRY DATE /							
CARD NUMBER:																
CAIND INDIVIDEIV.																