



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 DETAILS *(required fields)*

NAME & LOCATION OF GROUNDS USED BY THE ORGANISATION

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SUBURB

POST CODE

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POSTAL ADDRESS

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SUBURB

POST CODE

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WEBSITE

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Event Contact Name: _____

Mobile: _____ Email: _____

President's Name: _____ **Email:** _____

Mobile: _____ **BlueCard No:** _____ **Expiry Date:** _____

Vice-President's Name: _____ **Email:** _____

Mobile: _____ **BlueCard No:** _____ **Expiry Date:** _____

Treasurer's Name: _____ **Email:** _____

Mobile: _____ **BlueCard No:** _____ **Expiry Date:** _____

Secretary's Name: _____ **Email:** _____

Mobile: _____ **BlueCard No:** _____ **Expiry Date:** _____

NAME OF YOUR LOCAL GOVERNMENT: _____

(This information is to enable us to direct you to funding opportunities that may be in your area)

WHEN IS YOUR AGM (DATE): _____

