

Equestrian Australia 2021 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				
DDIMARY CONTACT DETAIN	C (vancinal fields)				
PRIMARY CONTACT DETAIL					
NAME & LOCATION OF GROU	NDS USED BY THE ORGANISATION				
CURURA	DOCT CODE				
SUBURB	POST CODE				
POSTAL ADDRESS					
SUBURB	POST CODE				
WEBSITE					
Event Contact Name:					
Mobile:	Email:				
President's Name:	Email:				
Mobile:	BlueCard No:Expiry Date:				
Vice-President's Name:	Email:				
NA-hila.	Division Data				
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 GOVE	RNMENT:				
(This information is to enable us	o direct you to funding opportunities that may be in your area)				
WHEN IS YOUR AGM (DATE):					
NAME OF INSURER (IF NOT INSU	RED WITH EA/GOW GATES)?				

MEMBERSHIP DETAILS OF CLUB (to be completed by clubs not insured by Gow Gates)

As part of its function to promote equestrian sport in Queensland, Equestrian Queensland needs accurate statistics on participation levels for various demographic groups. It would be appreciated if you could fill in the statistics below to assist us in this important function.

TOTAL CLUB MEMBERS	NUMBER OF EA MEMBERS	NUMBER OF NON-EA MEMBERS	
CLUB ACTIVITY DAYS	JOINT CLUB/PARTICIPANT DAYS	COMPETITIVE DAYS	

AFFILIATIONS WILL NOT BE FINALISED UNTIL ALL PAPERWORK HAS BEEN RECEIVED AND ACCEPTED BY EQ.

Competitive Results to be provided within two weeks to the EQ Office.

All documents supplied electronically to be emailed to: enquiries@equestriangld.com.au

AFFILIATION REQUIREMENTS Along with this form, copies of the below <u>mus</u> t	t be provided as part of	the affiliatio	n applicat	tion; (please tick	<i>(</i>)	
Compulsory for all Affiliates			Recommended for all Affiliates			
EVIDENCE OF CURRENT INCORPORATION (for new Clubs)				BIOSECURITY	POLICY & P	LANS
PROOF OF CURRENT INSURANCE (if insurance is not held through				BLUE CARDS F	ок соммі	ITTEE
EA/Gow Gates club insurance scheme)			RISK MANAGE	MENT POL	ICY & PLAN
☐ CLUB CONSTITUTION (for New Clubs of	or Constitutional Change	es)				
All information contained i This Policy may be viev	n this document will be ved at https://www.qld					icy.
WHO NEEDS A BLUE CARD? The blue card system has changed. Anyone we the changes to the blue card system affect of please go to:						

Return email: enquiries@equestrianqld.com.au

*If you wish to pay by direct deposit, please send this completed & signed form with a request and we will provide the Equestrian Queensland bank details. The affiliation will not be completed until this form and the payment has been received.

{PLEASE NOTE: AN ADDITIONAL 1.5 % BANK CHARGE WILL APPLY TO ALL CREDIT CARDS}

CREDIT CARD DETAILS				
		Signature		
TYPE OF CARD	□ VISA	☐ Mastercard	EXPIRY DATE /	
NAME ON CARD:				
CARD NUMBER:				