Equestrian Australia
2021 EQ Sport Affiliate Application Form

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

AFFILIATION CATEGORY *(required fields)*

○ **Sport Affiliate (Breed Society, National Ass, Studs, Riding Centres, Agistment Centres)**

EA Number	ORGANISATION NAME

PRIMARY CONTACT DETAILS *(required fields)*

LOCATION OF GROUNDS USED BY THE ORGANISATION

POSTAL ADDRESS

SUBURB

POST CODE

WEBSITE

Affiliate's Contact Name: _____

Mobile: _____ Email: _____

COMMITTEE DETAILS *(if applicable)*

President's Name: _____

Mobile: _____ Email: _____

BlueCard No: _____ Expiry Date: _____

Vice-President's Name: _____

Mobile: _____ Email: _____

BlueCard No: _____ Expiry Date: _____

Treasurer's Name: _____

Mobile: _____ Email: _____

BlueCard No: _____ Expiry Date: _____

Secretary's Name: _____

Mobile: _____ Email: _____

BlueCard No: _____ Expiry Date: _____

All information contained in this document will be dealt with in accordance with the EQ Privacy Policy.
This Policy may be viewed at https://www.qld.equestrian.org.au/content/policies-and-bylaws

PRIMARY ACTIVITIES: AREA OF INTEREST & ACTIVITY *(tick all that apply)*

☐ Dressage ☐ Jumping ☐ Eventing	☐ Vaulting ☐ Show Horse ☐ Driving	☐ Interschool ☐ Other _____ _____

WHO NEEDS A BLUE CARD?
The blue card system has changed. Anyone working with children will need to have a valid blue card before they begin work. Many of the changes to the blue card system affect organisations where workers or volunteers require blue cards. To find how this affects you, please go to
https://www.qld.gov.au/law/laws-regulated-industries-and-accountability/queensland-laws-and-regulations/regulated-industries-and-licensing/blue-card/system/review/organisations

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: enquiries@equestrianqld.com.au

Compulsory for all Affiliates	Recommended for all Affiliates
☐ **CURRENT COMMITTEE MEMBERS** *(if applicable)* ☐ **PROOF OF CURRENT INSURANCE**	☐ **BLUE CARDS** ☐ **BIOSECURITY POLICY & PLANS** ☐ **RISK MANAGEMENT POLICY & PLAN**

AFFILIATIONS WILL NOT BE FINALISED UNTIL ALL PAPERWORK HAS BEEN RECEIVED BY THE EQ OFFICE.
The Equestrian Queensland Office must receive this form to finalise your Affiliation, in the meantime your affiliation will be pending until all documents requested are supplied.

Please return this form along with:
(Please tick)
☐ **Payment of EQ Sport Affiliation**
☐ **Please complete Affiliate Contact Details on the form**
☐ **Events/Activities Programs** *(provide to email enquiries@equestrianqld.com.au for inclusion in promotional platforms)*

We hereby apply for Affiliate membership with Equestrian Australia (EA), Equestrian Queensland Inc. (EQ) and agree to be bound by the Rules and Regulations of FEI, the EA, Equestrian Queensland and all decisions of the Board of Equestrian Queensland.

Affiliate Clubs and Event Organisers conducting events and/or activities are required until further notice, to use the Industry COVID Safe Plan and Checklist, in conjunction with the Equestrian Queensland Biosecurity Plan, and any additional instruction, direction or advice provided by EQ and/or the Queensland Government.
https://www.qld.equestrian.org.au/sites/default/files/EQ%20Biosecurity%20Event%20%26%20Camping%20Plan%20COVID%2019Template%20-%20V8%2030%20July%202020.pdf

Signature: _____ Date: _____/_____/_____

PAYMENT DETAILS
2021 Affiliation Fees: *(see table below)*

Sport Affiliate	(Breed Society, National Ass, Studs, Riding Centres, Agistment Centres)	$200.00

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.

Return Email: enquiries@equestrianqld.com.au

{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:			