



# Equestrian Australia 2022 EQ Club Affiliate Form



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

### AFFILIATION CATEGORY:

- Club Affiliate

EA Number (Office Use)	AFFILIATE NAME

### PRIMARY CONTACT DETAILS *(required fields)*

LOCATION OF GROUNDS USED: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POST CODE: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

**Event Contact Name:** \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### COMMITTEE DETAILS

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: \_\_\_\_\_

NAME OF LOCAL GOVERNMENT AUTHORITY (COUNCIL): \_\_\_\_\_

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

MONTH OF YOUR AGM (DATE): \_\_\_\_\_

NAME OF INSURER (IF NOT INSURED WITH EA/MARSH INSURANCE BROKERS)?  Marsh/EA  Other

Expiry Date: \_\_\_\_\_

(Must supply a copy of your Certificate of Currency)

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>

**MEMBERSHIP DETAILS OF CLUB (to be completed by clubs)**

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	

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

<input type="checkbox"/> Dressage <input type="checkbox"/> Jumping <input type="checkbox"/> Eventing	<input type="checkbox"/> Vaulting <input type="checkbox"/> Show Horse <input type="checkbox"/> Driving	<input type="checkbox"/> Interschool <input type="checkbox"/> Other
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**AFFILIATION REQUIREMENTS**

Along with this form, copies of the below documents **must** be provided as part of the affiliation application; (please tick)  
All documents supplied electronically to be emailed to: [enquiries@equestrianqld.com.au](mailto:enquiries@equestrianqld.com.au)

<b>COMPULSORY FOR ALL AFFILIATES</b>	
<input type="checkbox"/> PROOF OF CURRENT INSURANCE (certificate of currency)	<input type="checkbox"/> EVIDENCE OF CURRENT INCORPORATION (for new Clubs) <input type="checkbox"/> CLUB CONSTITUTION (for New Clubs or Constitutional Changes)

All documents supplied electronically to be emailed to: [enquiries@equestrianqld.com.au](mailto:enquiries@equestrianqld.com.au)

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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PAYMENT DETAILS**

**2022 Affiliation Fees:**

Club Affiliation	\$145.00
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*\*If you wish to pay by direct deposit - the banking details for EQ are as follows -*

Name Equestrian Queensland  
BSB 084 004  
Account No 02651 1255  
Description Affiliate Name & EA No.

**Can we ask that you email a copy of your banking remittance advice of payment, showing your name and what the payment is for.  
AFFILIATIONS WILL NOT BE FINALISED UNTIL THE PAYMENT, PROOF OF PAYMENT, THE COMPLETED FORM & ALL REQUESTED DOCUMENTATION HAVE BEEN RECEIVED BY THE EQ OFFICE.**

**Please Note: The completed Renewal Form becomes an invoice upon payment.**

Return email: [enquiries@equestrianqld.com.au](mailto:enquiries@equestrianqld.com.au)

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

CREDIT CARD DETAILS				
TYPE OF CARD	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard	EXPIRY DATE	/
NAME ON CARD:				
CARD NUMBER:				