

Equestrian Australia 2023 EQ Sport Affiliate Form



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

AFFILIATION CATEGORY

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

EA Number (Office Use)	AFFILIATE NAME								
PRIMARY CONTACT DETAILS	required fields)								
LOCATION OF GROUNDS USED (IF	F APPLICABLE):								
POSTAL ADDRESS:									
SUBURB:		POST CODE:							
WEBSITE:									
Affiliate's Contact Name:									
Mobile:	Email:								
COMMITTEE DETAILS (if applic									
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:									
BlueCard No:		Expiry Date:							
NAME OF INSURER (IF NOT INSURED WITH EA/MARSH INSURANCE BROKERS)? ☐ Marsh/EA ☐ Other									
		Evning Dates							

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 CLUB ACTIVITIES	S: AREA OF INTERES	T & ACTIVITY DETAIL	S (tick all that o	ipply)				
☐ Dressage		☐ Vaulting			Interschool			
Jumping		Show Horse			Other			
☐ Eventing		☐ Driving						
AFFILIATION REQUI	REMENTS							
Along with this form, o	•	· · · · · · · · · · · · · · · · · · ·	•	•	the affiliation applices@equestriangld.c			
COMPULSORY FOR A	ALL AFFILIATES							
PROOF OF CURRE	PROOF OF CURRENT INSURANCE (certificate of currency)							
The Equestrian Quee	nsland Office <u>mus</u> your affil	<u>t</u> receive this form a iation will be pend	and payment ing until both	to finalise have bee	•	they arrive separately		
☐ We hereby apply for A the Rules and Regulation								
Signature:				D	ate:			
PAYMENT DETAILS 2023 Affiliation Fees:								
Sport Affiliate	(Breed Society, Na	ational Ass, Studs, Rid	ling Centres, Ag	istment C	entres)	\$240.00		
*If you wish to pay by dire	ect deposit - the ban	king details for EQ a	re as follows -					
		Name	Equestrian Qu	eensland				
		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		INTIL THE PAYMENT, MENTATION HAVE BE			HE COMPLETED FORM OFFICE.	1 & ALL REQUESTED		
		e completed Renewa eturn email: enquirie						
CREDIT CARD DETAILS	{PLEASE NOTE: AN	ADDITIONAL 1.5 % BAI	NK CHARGE WIL	L APPLY T	O ALL CREDIT CARDS)			
TYPE OF CARD	☐ VIS	 Sa Г	Mastercard		EXPIRY DATE	/		
NAME ON CARD:					1	<u>'</u>		
CARD NUMBER:								