

SHOW HORSE COUNCIL COMPETITORS ASSOCIATION Inc

c/- 1 Grand Blvd, Seaford Rise SA 5169 Email: competitorsassociation@gmail.com Affiliate of Show Horse Council of Australasia Inc.



APPLICATION FOR NEW MEMBERSHIP/MEMBERSHIP RENEWAL – 2022/2023

Please read this application carefully, complete all required details and sign. **If the Application is on behalf of a minor less than eighteen (18) years of age, then a parent/guardian is to sign. Where a member/competitor is under the age of 18 years at least one parent or legal guardian must be a member of a SHCA Affiliate or Constituent Affiliate.** The correct fee must accompany the application. Applications are to be forwarded directly to the Affiliate Association – the Schedule of Fees and contact details for each Affiliate may be found at www.showhorsecouncilaust.com.au.

APPLICATION & PERSONAL DETAILS

I, **MEMBER NUMBER:**

Surname Given Name/s Title

hereby apply for new membership/membership renewal of **Show Horse Council Competitors Assoc. Inc.** (SHCA Affiliate).

TYPE OF MEMBERSHIP (please tick): **ADULT ACTIVE** **JUNIOR ACTIVE** **NON-ACTIVE**

ADDRESS:	POSTAL ADDRESS (if different, eg PO Box):
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
State: <input type="text"/> Postcode: <input type="text"/>	State: <input type="text"/> Postcode: <input type="text"/>
PIC:	<input type="text"/>
TELEPHONE:	DATE OF BIRTH :
MOBILE :	Name Parent Member:
EMAIL:	Parent Member number:
I agree to the following personal details being displayed to the public in the SHCA On-Line Register of National Saddle Horses(unless this section is completed, the information will NOT be visible): Name Yes <input type="checkbox"/> Address Yes <input type="checkbox"/> Telephone/email Yes <input type="checkbox"/>	I agree to my contact details being supplied to selected stakeholders in the Sport : Yes <input type="checkbox"/> Sports Voucher Number: (if applicable)

DECLARATION

In the event of my admission as a member/renewal of my membership of this Affiliate I agree to abide by all Rules & Regulations of this Affiliate. I further understand and agree that through Affiliation with the Show Horse Council of Australasia Inc (SHCA) I am bound by the SHCA Inc Constitution, By-Laws, Policies and all relevant procedures as developed and amended from time to time including but not limited to the Social Media Policy made available to me at <https://www.showhorsecouncilaust.com.au> I declare, in making this application, that I do not hold financial membership with another Affiliated Association for the period 01/07/2022 to 30/06/2023.

MEMBERSHIP TRANSFER APPLICATION is available www.showhorsecouncilaust.com.au for members wanting to change affiliates.

Horse sports are a dangerous activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt. I, the undersigned understand and acknowledge that serious injury or death may result from horse riding activities. Prior to undertaking any such activity, I will ensure I am aware of all the risks involved, including risks associated with any health condition that I have. I agree that I ride at my own risk.

I knowingly and freely assume all such risks, both known and unknown and I voluntarily PARTICIPATE at my OWN RISK and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in horse sport activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activity and I take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or take drugs prohibited by law before or during these activities.

I agree to follow the directions of any event organiser or official and that any misconduct or refusal by me to follow any direction of any organiser or official can result in the CANCELLATION of my participation in these activities and my immediate removal from my horse **NO MATTER** where that may occur. I understand that any such non-compliance may result in injury, death and/or permanent disability as a result of my failure to comply.

I agree to wear a helmet at all times where required in accordance with the Rules of this Affiliate, the Rules of SHCA Inc or the Rules of any other affiliated organisation and agree that I am solely responsible for such compliance and take sole responsibility for my actions.

I consent to my nominated affiliate, The Show Horse Council of Australasia Inc., its affiliated clubs at SHCA sanctioned events and their commercial partners taking, retaining and reproducing an image or likeness of me and my involvement in the showing of horses. I agree that any such images or likeness may be used by any of these parties in reporting or marketing materials including online publications without any further notice or payment to me or them.

Signed: _____ Date: _____
 (Signature of Applicant or Parent/Guardian if under 18 years of age)



SHOW HORSE COUNCIL COMPETITORS ASSOCIATION Inc

Direct Deposit to: SHC Competitors Assoc. Inc.			
BSB 105071	Account 280287840	Reference :	(member name & No.)
Payment Amount: \$		Received:	

FEE SCHEDULE – 2022/2023

Category 1		Adult	
NEW	Joining Fee		\$10
Period 1/7/22– 30/6/23	ADULT ACTIVE/RIDING MEMBER		\$130
		Total	\$140
RENEWAL			
Period 1/7/22– 30/6/23	ADULT ACTIVE/RIDING MEMBER	Total	\$130
Category 2		Junior	
NEW	Joining Fee		\$10
Period 1/7/22– 30/6/23	JUNIOR ACTIVE/RIDING MEMBER		\$100
		Total	\$110
RENEWAL			
Period 1/7/22– 30/6/23	JUNIOR ACTIVE/RIDING MEMBER	Total	\$100
Category 3 (see below)		Non-Active	
NEW	Joining Fee		\$10
Period 1/7/22– 30/6/23	NON-RIDER/NON-COMPETITOR		\$50
		Total	\$60
RENEWAL			
Period 1/7/22– 30/6/23	NON-RIDER/NON-COMPETITOR	Total	\$50

Category 3 Non-Rider/Non-Competitor Membership is for the applicant who DOES NOT ride a horse at ANY time, either for pleasure, exercise or training & DOES NOT COMPETE as a rider or handler of a horse in ANY competition or event.

Where a member/competitor is under the age of 18 years at least one parent or legal guardian must be a member of a SHCA Affiliate or Constituent Affiliate.

Applicants for New Membership/Membership Renewals should refer to the Member Insurance Brochure on the SHCA website www.showhorsecouncilaust.com.au for a summary of the cover automatically provided as a benefit of membership of an Affiliate of the SHCA.