

Affiliation Form 2019 / 2020

OFFICE	USE ONLY
--------	----------

Received Payment:

Correct/Incorrect:

Affiliation Category (required fields)	
------------------------	------------------	--

Affiliation Category	<u>(required fields)</u>				
Club Affiliat	e			o New	Renewing
Member #:					
Club Name:					
Address: Town:					
Post Code					
Ph #:		Mobile #:			
Email Address:		The state of the s			
Website address					
			*		
Primary Contact De	tails (if changed)		4		
Name	_/		Position		
email					
Phone (w)	<u> </u>		Phone (m)		
Personnel details (i)					
No. of office bearers	, enangea,		No. of Committee	1	
President name			President phone		
President email					
Secretary name			Secretary phone		
Secretary email		FC	TR		
Treasurer name	20		Treasurer phone		A
Treasurer email					
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TA	SM	ANI	A	
Membership detail	<u>s (</u> required fields) San		ed for Insurance	5 1	
Total Club members	-	No of non EA	 	No of EA	
Club member type			No of members		
Club member type			No of members		
Club member type			No of members		
Club member type			No of members		
Activity days-	Max # for year				
Volunteers			Horses –Max # at biggest event	-	
			Spectators- Max # at biggest event		

Activity details (required fields)

Primary activity	0	Dressage Jumping Eventing	0	Vaulting Show Horse General Riding	0	Driving Reining Endurance	0	Hunting EA Education Programs	0	Agistment Lessons Events
(only select one)	0	Para- Equestrian	0	Trail/social rides	0	Pony Club/ Mounted Games	0	Fundraising Stud Book	0	Other:
	0	Dressage	0	Vaulting	0	Driving	0	Hunting	0	Agistment
Additional	0	Dressage Jumping	0	Vaulting Show Horse	0	Driving Reining	0	Hunting EA Education	0	Agistment Lessons
Additional activities		. •		0		U	0			· ·
	0	Jumping	0	Show Horse	0	Reining	0	EA Education	0	Lessons

Affiliation requirements (not required by Show Societies)

Along with this 2 page form, copies of the below must be provided as part of the affiliation application <u>unless</u> already supplied to the office.

- 1. Club Constitution if updated in past 12 months (may be supplied electronically)
- 2. Proof of Current Insurance (may be supplied electronically)
- 3. Risk Management Policy supplied electronically Should be renewed regularly
- **4. Certificate of Incorporation** Please supply a copy of your <u>current certificate</u> this is an annual payment to Business Affairs Tasmania.

Treasurer SIGNATURE

Club Name/EA#

NB <u>Affiliations cannot be finalised until all paperwork has been received and accepted by the EA State Branchoffice</u>.

Affiliation Acknowledgement

President / Secretary SIGNATURE

We hereby apply for affiliation with Equestrian Tasmania Inc and agree to be bound by the rules and regulations of the FEI, Equestrian Australia and Equestrian Tas. We will abide by all decisions of the Equestrian Tas Branch Board and Sports Committees. We declare our club has supplied ET with the above Affiliation requirements

We enclose a subscription fee of \$150.00

Payment	Please make payable to Equestrian Tasmania	Direct Debit	
methods	1. Cheque	Bank: CBA Bank	10.
	2. Money Order	Name: Equestrian Tasmania	
	LQOL	BSB: 067101	
		10007330	