



SHOW HORSE COUNCIL OF VICTORIA INC.

ABN 36532145659

www.shcv.com.au

Affiliate of The Show Horse Council of Australasia Inc.

ABN 51 590 953 920 www.showhorseaust.com.au

APPLICATION FOR NEW MEMBERSHIP/MEMBERSHIP RENEWAL: 2018 - 2019

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, a parent/legal guardian is to sign. The parent or legal guardian must also be a SHCV Member.** The correct fee must accompany the application. **ONE form per Membership.**

APPLICATION & PERSONAL DETAILS

I, **MEMBER NUMBER:**
Surname Given Name/s

hereby apply for membership/membership renewal of the **Show Horse Council of Victoria Inc.** (SHCA Affiliate).

TYPE OF MEMBERSHIP : ADULT ACTIVE JUNIOR ACTIVE NON-ACTIVE
(Please Print Clearly)

APPLICANT ADDRESS:		POSTAL ADDRESS (if different, ie- PO Box):	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
State:	Postcode:	State:	Postcode:
TELEPHONE:	DATE OF BIRTH:		
MOBILE:	EMAIL:		
PIC NO:	FAX:		

DECLARATION

In the event of my admission as a member of this Affiliate I acknowledge membership of the Show Horse Council of Australasia Inc. (SHCA) through Affiliation and I agree to be bound by THE RULES, for the time being in force, of both the Affiliate and the SHCA. I declare, in making this application, that I do not hold membership with another Affiliated Association.

Horse Sports are a Dangerous Activity In consideration for being permitted to participate in any way in horse sport activities I, the undersigned, understand, acknowledge and accept that Horse sports are a dangerous recreational activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt. There is a significant risk that serious **INJURY** or **DEATH** may result from horse sport activities.

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 SHCA Rules and agree that I am solely responsible for ensuring that I comply with the SHCA Rules and take sole responsibility for my actions. I agree that while riding should I have an accident, an ambulance may be called and this will be at my expense.

I agree to abide by the Rules, Regulations, By-Laws, Policies and Codes as implemented by the Show Horse Council of Victoria Inc. and the Show Horse Council of Australasia.

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

PLEASE NOTE: It is important that you allow a minimum 2 weeks for your SHCV Membership to be approved, processed and entered into the SHCA Database.

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.

I agree to my contact details being supplied to selected stakeholders in the Sport: No <input type="checkbox"/> Yes <input type="checkbox"/>	Would you like to help the environment and have your SHCV Newsletter's emailed to you? Yes <input type="checkbox"/>
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): <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Telephone/Email	

CATEGORIES OF NEW MEMBERSHIP AND FEES

CATEGORY	PERIOD	FEE
1. ACTIVE/RIDING MEMBER (17 Years & over) ACTIVE/RIDING MEMBER - Pro Rata (17 Years & over) (Pro Rata Membership is only available to NEW Members) NOTE: A handler in a Leading Rein or Led Class must be an Active Member	01/07/18 - 30/06/19 01/01/19 - 30/06/19	\$143.00 (GST inclusive) \$110.00 (GST inclusive)
2. JUNIOR ACTIVE/RIDING MEMBER (Under 17 Years) JUNIOR ACTIVE/RIDING MEMBER - Pro Rata (Under 17 Years) (Pro Rata Membership is only available to NEW Members) NOTE: Benefits of Active Membership Category 1 and 2 includes 24/7 Personal Accident Cover for all horse related activities.	01/07/18 - 30/06/19 01/01/19 - 30/06/19	\$110.00 (GST inclusive) \$88.00 (GST inclusive)
3. NON-RIDER/NON-COMPETITOR MEMBER Definition: The Non-Rider/Non-Competitor Membership is for an applicant who DOES NOT ride a horse at any time, either for pleasure, exercise or training and who DOES NOT COMPETE as a rider or handler of a horse in any competition or event. NOTE: 24/7 P.A. does NOT apply to this level of Membership. NOTE: This membership applies to non-riding social members, non-riding owners, and persons such as members of the SHCV List of Judges who do not ride etc.	01/07/18 - 30/06/19	\$50.00 (GST inclusive)

**** A parent or legal guardian of a minor (under 18yrs) must be a current financial SHCV member ****
PAYMENT DETAILS

Please accept my Cheque / Money Order made out to: **Show Horse Council of Victoria Inc.** for the amount of \$

CREDIT CARD PAYMENT OPTION: I wish to pay by **Mastercard** or **Visa** (Please circle)

Card Number: _____ / _____ / _____ / _____

Amount:\$..... **Expiry Date:**

Cardholder's Name:

Cardholders Signature:

NOTE: Membership is not valid until a completed Application for Membership is received, approved and your payment of membership successfully processed by the SHCV

Post to: SHCV, PO Box 1185, MORNINGTON, VIC, 3931

(Please include a stamped, self addressed envelope with your renewal)

Contact - Secretary: Nicole Morrison, M: 0488 791 060, E: admin@shcv.com.au