



APPLICATION FOR NEW MEMBERSHIP/MEMBERSHIP RENEWAL – 2019/2020

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 Show Horse Council Australasia Ltd – the Schedule of Fees may be found at www.showhorsecouncilaust.com.au.

APPLICATION & PERSONAL DETAILS

I, Surname Given Name/s MEMBER NUMBER:

hereby apply for new membership/membership renewal of Show Horse Australasia Ltd (SHA).

TYPE OF MEMBERSHIP Please select one of the below (**Junior members MUST have a Parent member**)

ADULT COMPETITOR \$130 + gst JUNIOR COMPETITOR \$100 + gst NON-RIDER/NON-COMPETITOR \$60 + gst

New Membership/ joining fee (after 30 September 2019) \$20 + gst

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:	
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 SHA 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"/> NO <input type="checkbox"/>

DECLARATION

I hereby apply for membership with Show Horse Australasia Limited and agree to abide by the rules and regulations of the Committee.

I understand and agree that:

I am bound by the Show Horse Australasia Limited Constitution, By-Laws, Policies, and all relevant procedures (as developed and amended from time to time) including but not limited to the Member Protection Policy and the Social Media Policy made available to me at <https://www.showhorsecouncilaust.com.au/>

Horse sports are a dangerous activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.

I 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 of the risks involved, including risks associated with any health condition that I have. I agree that I ride at my own risk.

I agree to follow the directions of any event organiser or official and that any misconduct or refusal to follow any direction of any organiser or official may result in the cancellation of my participation in the activities and my immediate removal from my horse no matter where that may occur. Such refusal to follow the direction of an organiser or official may result in the cancellation of my membership by Show Horse Australasia.

I am committed to the safety and wellbeing of children and young people who participate in our activities or use our services.

I will not engage in behaviour that is considered direct or indirect discrimination, intimidatory, harassing or bullying. Any such behaviour may result in the cancellation of my membership by Show Horse Australasia.

All people, regardless of their sexuality or gender identity, are welcome in our organisation.

Show Horse Australasia may reject my application for membership, accept my application for membership, accept my application for membership but impose certain conditions or vary, suspend or cancel my membership during the membership term at its sole discretion.

I understand that membership fees are non-refundable (even if a membership is varied, suspended or cancelled) and my membership is not transferable.

I consent to Show Horse Australasia, its approved affiliated clubs, hosts of Show Horse Australasia sanctioned events, and their commercial partners taking, retaining and reproducing an image or likeness of me and of 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.

If my membership is accepted by Show Horse Australasia, I understand that my personal information will be recorded on a database and a supporting profile maintained. This database may be accessed from time to time by Show Horse Australasia and approved administrators of affiliated clubs.

As a member I understand that I will receive administrative communications from Show Horse Australasia, its affiliates, and hosts of Show Horse Australasia sanctioned events. From time to time I may receive marketing communications.

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

Show Horse Australasia Ltd	Payment Details: Name on Card: _____	Signature _____
Card number: _____ / _____ / _____	Exp _____	CCV _____
Payment Amount: \$ _____	Received: _____	Date: _____



SHOW HORSE AUSTRALASIA LIMITED

PERSONAL ACCIDENT INSURANCE FOR MEMBERS (WHILST PARTICIPATING AT SANCTIONED SHOW HORSE AUSTRALASIA LIMITED EVENTS)

COMPETITORS COVER

Provides cover for Current Financial members **while participating in events organised and sanctioned by the Show Horse Australasia Limited event approval process** provided the member/s have paid their membership.

How much are we covered for?

Section	The Schedule of Compensation applicable under each section for each insured person.	The Compensation
A	<p>DEATH Insured Persons aged 18 to 70 years of age Insured Persons aged under 18 years of age or over 70 years of age</p> <p>CAPITAL BENEFITS Insured Persons aged 18 to 70 years of age Insured Persons aged under 18 years of age or over 70 years of age</p>	<p>\$50,000</p> <p>\$25,000</p> <p>Up to \$50,000 } Depending on } the injury Up to \$25,000 }</p>
B	NON MEDICARE MEDICAL EXPENSES	\$5,000
D	<p>WEEKLY BENEFIT – Temporary Total Disablement</p> <p>BENEFIT PERIOD</p>	<p>\$500 per week or 85% of average Gross Weekly salary whichever is the lesser</p> <p>52 weeks, 14 day excess</p>
E	<p>STUDENT HELP/HOME HELP (for expenses attributable directly to the disablement)</p> <p>BENEFIT PERIOD</p>	<p>Up to \$300 per week</p> <p>26 weeks, 7 day excess</p>
G	FRACTURED BONES	Up to \$2,500 per break (depending on bone broken)
J	EXCESS	\$50