



# SHOW HORSE COUNCIL OF VICTORIA INC.

ABN 36532145659 / A0042915B [www.shcv.com.au](http://www.shcv.com.au)  
Affiliate of The Show Horse Council of Australasia Inc.  
ABN 51 590 953 920 [www.showhorseaust.com.au](http://www.showhorseaust.com.au)

## APPLICATION TO TRANSFER MEMBERSHIP FROM SHAL/APPLICATION FOR NEW SHCV MEMBERSHIP: EXPIRING 30 JUNE 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, a parent/legal guardian is to sign. FOR JUNIOR MEMBERS A PARENT MUST ALSO BE A NON-ACTIVE MEMBER (as a minimum) TO COMPLETE PAPERWORK AND SIGN ON YOUR BEHALF.**

For a new membership application, 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)

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

### 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)

**PAYMENT AMOUNT: \$ NO FEE IF TRANSFERING FROM SHAL**

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

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

**CATEGORIES OF NEW MEMBERSHIP AND FEES**

CATEGORY	PERIOD	FEE
<p><b>1. ACTIVE/RIDING MEMBER (17 Years &amp; over)</b></p> <p>Transfer from SHAL</p> <p><b>ACTIVE/RIDING MEMBER - Pro Rata (17 Years &amp; over)</b> (Pro Rata Membership applies to all <b>NEW</b> Members or renewing members)</p> <p>NOTE: A handler in a Leading Rein or Led Class must be an Active Member</p>	<p>01/07/19 - 30/06/20</p> <p><b>TRANSFER</b></p> <p>01/01/20 - 30/06/20</p>	<p>NIL COST</p> <p><b>\$80.00 (GST inclusive)</b></p>
<p><b>2. JUNIOR ACTIVE/RIDING MEMBER (Under 17 Years)</b></p> <p>Transfer from SHAL</p> <p><b>JUNIOR ACTIVE/RIDING MEMBER - Pro Rata (Under 17 Years)</b> (Pro Rata Membership applies to all <b>NEW</b> Members or renewing members)</p> <p>NOTE: Please SHCA website for Insurance details.</p>	<p>01/07/19 - 30/06/20</p> <p><b>TRANSFER</b></p> <p>01/01/20 - 30/06/20</p>	<p>NIL COST</p> <p><b>\$60.00 (GST inclusive)</b></p>
<p><b>3. NON-RIDER/NON-COMPETITOR MEMBER</b></p> <p>Definition: The Non-Rider/Non-Competitor Membership is for an applicant who <b>DOES NOT</b> ride a horse at any time, either for pleasure, exercise or training and who <b>DOES NOT COMPETE</b> as a rider or handler of a horse in any competition or event, or who is a non-riding parent of a Junior Member.</p> <p>NOTE: Please SHCA website for Insurance details.</p>	<p>01/01/20 - 30/06/20</p>	<p><b>\$50.00 (GST inclusive)</b></p>

**\*\* 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:** .....    **CCV:**.....

**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: 0499 791 060 E: admin@shcv.com.au