



# SHOW HORSE COUNCIL OF VICTORIA INC.

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

## APPLICATION FOR NEW MEMBERSHIP/MEMBERSHIP RENEWAL: 2020 - 2021

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 and be a SHCV Member.**

**PLEASE EMAIL MEMBERSHIP FORMS AND PAYMENT DETAILS TO - [admin@shcv.com.au](mailto:admin@shcv.com.au)**

**ONE Membership per form. Are You A New Member? Please Tick**

### APPLICATION & PERSONAL DETAILS

I, <input type="text"/>	<input type="text"/>	MEMBER NUMBER: <input type="text"/>
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"/>	
<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>FAX:</b>		

### 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> declare, in making this application, that I do not hold financial membership with another Affiliated Association for the period 01/07/2020 to 30/06/2021.

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 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. 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 (who must be a SHCV Member) if under 18 years of age)

**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.**

<b>I agree to my contact details being supplied to selected stakeholders in the Sport:</b>  No <input type="checkbox"/> Yes <input type="checkbox"/>	<b>Would you like to help the environment and have your SHCV Newsletter's emailed to you?</b>  No <input type="checkbox"/> 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):  <table> <tr> <td><b>Name</b></td> <td>Yes <input type="checkbox"/></td> <td><b>Address</b></td> <td>Yes <input type="checkbox"/></td> <td><b>Telephone/email</b></td> <td>Yes <input type="checkbox"/></td> </tr> </table>		<b>Name</b>	Yes <input type="checkbox"/>	<b>Address</b>	Yes <input type="checkbox"/>	<b>Telephone/email</b>	Yes <input type="checkbox"/>
<b>Name</b>	Yes <input type="checkbox"/>	<b>Address</b>	Yes <input type="checkbox"/>	<b>Telephone/email</b>	Yes <input type="checkbox"/>		
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.	I am currently listed on the SHCV Judges Panel  No <input type="checkbox"/> Yes <input type="checkbox"/>						

**CATEGORIES OF NEW MEMBERSHIP AND FEES**

CATEGORY	PERIOD	FEE
<b>1. ACTIVE/RIDING MEMBER (17 Years &amp; over)</b>  NOTE: A handler in a Leading Rein or Led Class must be an Active/Riding Member	01/07/20- 30/06/21	\$100.00 (GST inclusive)
<b>2. JUNIOR ACTIVE/RIDING MEMBER (Under 17 Years)</b>	01/07/20 - 30/06/21	\$80.00 (GST inclusive)
<b>3. NON-RIDER/NON-COMPETITOR MEMBER</b>  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 <b>ANY</b> competition or event.	01/07/20 - 30/06/21	\$50.00 (GST inclusive)

**\*\*\* ONE MEMBERSHIP PER FORM \*\*\***

**PLEASE EMAIL MEMBERSHIP FORMS AND PAYMENT DETAILS TO - [admin@shcv.com.au](mailto:admin@shcv.com.au)**

**PAYMENT DETAILS**

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

<b>Direct Deposit or other Payment Details : Show Horse Council of Victoria Inc.</b>			
<b>BSB : 083 221</b>	<b>Account : 596279718</b>	<b>Reference :</b>	<b>(Member Name)</b>
<b>Payment Amount : \$</b>		<b>Received :</b>	

**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:** .....

**Post to:** SHCV, Bayles LPO, 675 Koo Wee Rup Longwarry Road, BAYLES, VIC, 3891  
**Contact - :** Glenys Triffett, M: 0413 565 888, E: [admin@shcv.com.au](mailto:admin@shcv.com.au)

**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.**