



# SHOW HORSE COUNCIL OF SOUTH AUSTRALIA INC.

[www.shcsa.com.au](http://www.shcsa.com.au)

ABN: 97 856 020 875

## APPLICATION FOR NEW MEMBERSHIP/MEMBERSHIP RENEWAL – 2017/2018

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. FOR JUNIOR MEMBERS A PARENT MUST ALSO BE A SOCIAL MEMBER (as a minimum) TO COMPLETE PAPERWORK AND SIGN LEGALLY ON YOUR BEHALF.** The correct fee/s must accompany the application for membership to be valid. Applications are to be sent to: **SHOW HORSE COUNCIL OF SA INC., PO BOX 614, TWO WELLS SA 5501**

### APPLICATION & PERSONAL DETAILS

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

hereby apply for new membership/membership renewal of **Show Horse Council of South Australia Inc.** (SHCA Affiliate).

**TYPE OF MEMBERSHIP** (please tick): **ADULT ACTIVE** ☐ **JUNIOR ACTIVE** ☐ **NON-ACTIVE** ☐

<b>ADDRESS:</b>		<b>POSTAL ADDRESS (if different, e.g. PO Box):</b>	
<b>State:</b>	<b>Postcode:</b>	<b>State:</b>	<b>Postcode:</b>
<b>PIC:</b>		<b>DATE OF BIRTH:</b>	
<b>TELEPHONE:</b>		<b>EMAIL:</b>	
<b>MOBILE:</b>			
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): <b>Name</b> Yes <input type="checkbox"/> <b>Address</b> Yes <input type="checkbox"/> <b>Telephone/email</b> Yes <input type="checkbox"/>		I agree to my contact details being supplied to selected stakeholders in the Sport : <b>Yes</b> <input type="checkbox"/> I agree to SHC SA using my photo in newsletters, website and their social media site <b>Yes</b> <input type="checkbox"/>	

### 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.

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

**PAYMENT AMOUNT: \$**

**Received:**

## PAYMENT METHODS

Payment via cheque or money order made out to SHC-SA Inc. is acceptable, or cash payment in person. Otherwise payment can be made via Direct Deposit into the Show Horse Council SA Bank Account.

### Direct Deposit Details:

**Commonwealth Bank of Australia**

**Show Horse Council of SA Inc.**

**BSB: 065 502**

**Account No: 102 559 72**

**Reference: Please use your surname as reference and type of Membership**

**Please attach copy of direct credit receipt when sending on the membership form. IF NO RECEIPT OF PAYMENT IS SUPPLIED WE WILL NOT PROCESS YOUR MEMBERSHIP.**

**PLEASE NOTE:** Insurance cover can **NOT** commence until we have received payment and completed signed membership form. Membership forms can be emailed with Direct Deposit receipt to [shc.sa@bigpond.com](mailto:shc.sa@bigpond.com) or sent to the SHC SA PO Box to be processed: **SHC SA, PO Box 614, Two Wells SA 5501**

## CATEGORIES OF MEMBERSHIP AND FEES

	PERIOD	FEES
<b>1.ADULT ACTIVE/RIDING MEMBER (17yrs &amp; over)</b> <b>Pro Rata ADULT ACTIVE/RIDING MEMBER</b> <b>PRO RATA RATE ONLY APPLIES TO NEW MEMBERS JOINING FOR THE FIRST TIME</b>	1/7/17 – 30/6/18  1/1/18 – 30/6/18	<b>\$115.00</b>  <b>\$80.00</b>
<b>2. JUNIOR ACTIVE/RIDING MEMBER (under 17yrs)</b> <b>Pro Rata JUNIOR ACTIVE/RIDING MEMBER</b> <b>PRO RATA RATE ONLY APPLIES TO NEW MEMBERS JOINING FOR THE FIRST TIME</b>	1/7/17 – 30/6/18  1/1/18 – 30/6/18	<b>\$80.00</b>  <b>\$65.00</b>
<i><b>BENEFITS of Active Membership 1) and 2) include 24/7 Personal Accident Cover for all horse related activities.</b></i>		
<b>3. SOCIAL MEMBER</b> <i>Parents of Junior Riders (under 17yrs) are required to be a Social Member (as a minimum) to sign waiver for their children's competition (e.g. responsible officer)</i>  <b>Definition:</b> The Non Rider/Non Competitor Membership is for the member who <b>DOES NOT</b> ride a horse at ANY time, either for pleasure, exercise or training & <b>DOES NOT</b> compete as a rider/handler of a horse in any Competition or Event. <b>Covers Member for Public Liability at ALL SHC Official Events.</b> <b>DOES NOT INCLUDE PERSONAL ACCIDENT COVER</b>	1/7/17 – 30/6/18	<b>\$30.00</b>

## PAYMENT DETAILS

Category:	1) 2) 3)	or	Pro Rata	1) 2)	Fee	\$ _____
<b><u>OFFICE USE ONLY:</u></b>						
Date Rec.:	_____	Verified Payment:	_____	Payment Method:	_____	
CHQ / MO Details:	_____			Rec./Card Sent:	_____	
Entered on Database:	_____	Email Updated:	_____	DOB Entered:	_____	

**PLEASE SEND FORM & PAYMENT TO:  
SHC SA INC, PO BOX 614, TWO WELLS SA 5501**