ACT. & S.H. SHOW HORSE ASSOCIATION INC.



BSB 062 593

Payment Amount:

Account 10163748

\$

P.O. BOX 310 Canberra ACT 2601 | E: tanya.benton-hall@education.gov.au | Affiliate of Show Horse Council Of Australasia Inc.



APPLICATION FOR NEW MEMBERSHIP/MEMBERSHIP RENEWAL – 2025/Period 1/7/25-30/6/26

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 the Affiliate Association – the Schedule of Fees and contact details for each Affiliate may be found at

www.showhorsecouncilaust.com.au .				
APPLICATION & PERSONAL DETAILS				
ь <u> </u>	MEMBER NUMBER:			
Surname Given Name/s hereby apply for new membership/membership renewal of ACT (& SH Show Horse Association Inc (SHCA Affiliate).			
TYPE OF MEMBERSHIP (please tick): ADULT ACTIVE	JUNIOR ACTIVE NON-ACTIVE			
ADDRESS:	POSTAL ADDRESS (if different, eg PO Box):			
State: Postcode:	State: Postcode:			
PIC:				
TELEPHONE:	DATE OF BIRTH :			
MOBILE:	Name Parent Member:			
EMAIL:	Parent Member number:			
I agree to the following personal details being displayed to	I agree to my contact details being supplied to selected			
the public in the SHCA On-Line Register of National Saddle Horses(unless this section is completed, the information will	stakeholders in the Sport : Yes			
NOT be visible):	res			
Name Yes Address Yes	Active Kids Voucher Number:			
Telephone/email Yes	(if applicable)			
In the event of my admission as a member/renewal of my membership of this Aff understand and agree that through Affiliation with the Show Horse Council of Au and all relevant procedures as developed and amended from time to time includi https://www.showhorsecouncilaust.com.au I declare, in making this application, the period 01/07/2025 to 30/06/2025. Horse sports are a dangerous activity and horses can act in a sudden and unprunderstand and acknowledge that serious injury or death may result from horse reall the risks involved, including risks associated with any health condition that I had I knowingly and freely assume all such risks, both known and unknown and I voluinjury, death or property damage I may suffer that arises from my participation in I understand and acknowledge the dangers associated with the consumption of a	stralasia Inc (SHCA) I am bound by the SHCA Inc Constitution, By-Laws, Policies ng but not limited to the Social Media Policy made available to me at that I do not hold financial membership with another Affiliated Association for edictable (changeable) way, especially if frightened or hurt. I, the undersigned iding activities. Prior to undertaking any such activity, I will ensure I am aware of eye. I agree that I ride at my own risk. Intarily PARTICIPATE at my OWN RISK and assume sole responsibility for any inhorse sport activities.			
responsibility for any injury, loss or damage associated with their consumption. I these activities.	, , , , , , , , , , , , , , , , , , , ,			
I agree to follow the directions of any event organiser or official and that any mis- result in the <u>CANCELLATION</u> of my participation in these activities and my immed that any such non-compliance may result in injury, death and/or permanent disal	iate removal from my horse <u>NO MATTER</u> where that may occur. I understand			
I agree to wear a helmet at all times where required in accordance with the Rule organisation and agree that I am solely responsible for such compliance and take	·			
I consent to my nominated affiliate, The Show Horse Council of Australasia Inc., its retaining and reproducing an image or likeness of me and my involvement in the of these parties in reporting or marketing materials including online publications Signed:	showing of horses. I agree that any such images or likeness may be used by any			
(Signature of Applicant or Parent/Guardian if under 18 years of age)				
Direct Deposit to:	ACT & Southern Highlands Show Horse Assoc.			

Reference:

Received:

(member name)



SHOW HORSE COUNCIL OF AUSTRALASIA INC

www.showhorsecouncilaust.com.au

ABN 51 590 953 920

MEMBER FEE SCHEDULE NSW & ACT AFFILIATES - 2025/Period 1/7/25-30/6/26

Category 1	Adult		
NEW	Joining Fee		\$10
Period 1/7/25-30/6/26	ADULT ACTIVE/RIDING MEMBER		\$130
		Total	\$140
RENEWAL			
Period 1/7/25-30/6/26	ADULT ACTIVE/RIDING MEMBER	Total	\$130
Category 2	Junior		
NEW	Joining Fee		\$10
Period 1/7/25-30/6/26	JUNIOR ACTIVE/RIDING MEMBER		\$100
		Total	\$110
RENEWAL			
Period 1/7/25-30/6/26	JUNIOR ACTIVE/RIDING MEMBER	Total	\$100
Category 3 (see below)	Non-Active		
NEW	Joining Fee		\$10
Period 1/7/25-30/6/26	NON-RIDER/NON-COMPETITOR		\$50
		Total	\$60
RENEWAL			
Period 1/7/25-30/6/26	NON-RIDER/NON-COMPETITOR	Total	\$50

Category 3 Non-Rider/Non-Competitor Membership is for the applicant who DOES NOT ride a horse at ANY time, either for pleasure, exercise or training & DOES NOT COMPETE as a rider or hander of a horse in ANY competition or event.

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.

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.