

Northern NSW Show Horse Association Inc.

P.O. BOX 3058 Lismore DC 2480 Email: nnswshowhorse@gmail.com Affiliate of Show Horse Council Of Australasia Inc.



APPLICATION FOR NEW MEMBERSHIP/MEMBERSHIP RENEWAL - 2024/2025

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. 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.showbersecouncil aust com an

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 inderstand 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 not 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 I declare, in making this application, that I do not hold financial membership with another Affiliated Association for he period 01/07/2024 to 30/06/2025. **Norse sports are a dangerous activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt. I, the undersigne inderstand 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. **Indoors of the period of the property damage I may suffer that arises from my participation in horse sport activities.** **Indoors of the period of the property damage I may suffer that arises from my participation in horse sport activities.** **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 esponsibility 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 hese activities.** **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 esult in the CANCELLATION of my participation in these activities and my immediate removal from my horse NO MATTER where that may o	APPLICATION & PI	
Suramae Given Name/s Title rereby apply for new membership/membership renewal of Northern NSW Show Horse Association Inc (SHCA Affiliate). TYPE OF MEMBERSHIP (please tick): ADULT ACTIVE JUNIOR ACTIVE NON-ACTIVE NON-ACTI		MEMBER NUMBER:
State: Postcode: State: Postcode: FIC: DATE OF BIRTH: MOBILE: Name Parent Member: EMAIL: Name Parent Member: 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): Name Parent Member number: I agree to my contact details being supplied to selected stakeholders in the Sport: Yes Address Yes Active Kids Voucher Number: (If applicable) EKLARATION 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 notestsand and agree that through Affiliation with the Show Horse Council of Australasis in (SHCA) I am bound by the SHCA Inc Constitution, 8y-Laws, Policies 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 titus://www.showhorsecouncillaut.com au. I declare, in making this application, that I do not hold financial membership with another Affiliate Association for he period 01/07/2024 to 30/06/2025. Foree sports are a dangerous activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt. I, the undersigned metistand 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 the period 01/07/2024 to 30/06/2025. Foree sports are a dangerous activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt. I, the undersigned metistand and acknowledge the dangers associated with the consumption of a factor of a my	•	
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	(Signature of Applicant or Parent/Guardian if under 18 years of age)	
	rdholder's Name: and (Print)	Signature:

Northern NSW Show Horse Association

(member name)

Reference:

Payment Amount: \$ Received:

Account 716 085 619

Direct Deposit to:

637000

BSB



SHOW HORSE COUNCIL OF AUSTRALASIA INC

www.showhorsecouncilaust.com.au

ABN 51 590 953 920

MEMBER FEE SCHEDULE NSW & ACT AFFILIATES – 2024/2025

Category 1	Adult		
NEW	Joining Fee		\$10
4	ADULT ACTIVE/RIDING MEMBER		\$130
		Total	\$140
RENEWAL			
Period 1/7/24-30/6/25	ADULT ACTIVE/RIDING MEMBER	Total	\$130
Category 2	Junior		
NEW	Joining Fee		\$10
Period 1/7/24-30/6/25	JUNIOR ACTIVE/RIDING MEMBER		\$100
		Total	\$110
RENEWAL			
Period 1/7/24-30/6/25	JUNIOR ACTIVE/RIDING MEMBER	Total	\$100
Category 3 (see below)	Non-Active		
NEW	Joining Fee		\$10
Period 1/7/24-30/6/25	NON-RIDER/NON-COMPETITOR		\$50
		Total	\$60
RENEWAL			
Period 1/7/24-30/6/25	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.