NORTHERN VICTORIAN & BORDER SHOW HORSE ASSOCIATION INC

APPLICATION FOR NEW MEMBERSHIP 2026-2027 ABN 95 299 719 076

ONE MEMBERSHIP PER FORM

Please read this application carefully, complete all details and **sign.** If the application is on behalf of a minor less than (18) years of age, a parent/legal guardian is to sign and be a NV & B SHA Member. Applications to be sent to nvicbordersecretary@gmail.com

I, _____ | _____

Surname **Given Name/s**

APPLICATION & PERSONAL DETAILS

Hereby apply for Membership of the Northern Victorian & Border Show Horse Association Inc

TYPE OF MEMBERSHIP **ADULT ACTIVE** ☐ **JUNIOR ACTIVE** ☐ **NON ACTIVE** ☐

APPLICANT ADDRESS :	**POSTAL ADDRESS: (if different)**
State: **Postcode:**	**State:** **Postcode:**
TELEPHONE:	**DATE OF BIRTH:**
MOBILE:	**EMAIL:**
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 Yes/No** **Address Yes/No** **Telephone Yes/No**	**FAX:**

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 (who must be a NV&B SHA member) if under the age of 18)

Categories of Membership and Fees

Category	Period	Fee
1. Active/Riding Member 18yrs & Over	01/07/26-30/06/27	$130
2. Junior Active/ Riding Member Under 18yrs	01/07/26-30/06/27	$100
3. Non-Rider/ Non-Competitor At least one parent of a Junior Riders (under 18yrs) is required to be a Non-Active Member (as a minimum) to sign waiver for their children's competition (e.g. responsible officer) Definition: The Non-Active membership is for the member who DOES NOT ride a horse at ANY time, either for pleasure, exercise or training & DOES NOT compete as a rider/handler of a horse in any SHC affiliated Competition or Event. Does not prepare, lunge or handle a horse at a show. Covers Member for Public Liability at ALL SHC Official Events. DOES NOT INCLUDE PERSONAL ACCIDENT COVER	01/07/26-30/06/27	$55

Payment Details

Direct Deposit Please use surname as a reference

BSB 803070

Account 100133047

Name Northern Victorian & Border Show Horse Association Inc

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: New members will be approved by the committee as per NVB & SHA Rules

Insurance cover can NOT commence until we have received payment and completed signed membership form (start date 01/07/2026-30/06/27. Membership forms can be emailed with Direct Deposit receipt sent to:

Post to

PO BOX 151

Yackandandah 3749

Victoria

Email nvicbordersecretary@gmail.com

Secretary Venita Bacchetto 0457722849