## SYDNEY REGIONAL HACK EXHIBITORS ASSOCIATION INC.

c/- Unit 3, 10 Production Place, Jamisontown NSW 2750 | Email: <a href="mailto:dean@sydneysolvents.com.au">dean@sydneysolvents.com.au</a>
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. 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			
I, Surname Given Name/s	MEMBER NUMBER:		
hereby apply for new membership/membership renewal of Sydn  TYPE OF MEMBERSHIP (please tick): ADULT ACTIVE	JUNIOR ACTIVE NON-ACTIVE		
ADDRESS:	POSTAL ADDRESS (if different, eg PO Box):		
State: Postcode:	State: Postcode:		
PIC:	State. Postcode.		
TELEPHONE:	DATE OF BIRTH :		
MOBILE:	Name Parent Member:		
EMAIL:	Parent Member number:		
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 NOTbe visible):	I agree to my contact details being supplied to selected stakeholders in the Sport :  Yes		
Name Yes Address Yes Telephone/email Yes	Active Kids Voucher Number: (if applicable)		
n the event of my admission as a member/renewal of my membership of this Afunderstand and agree that through Affiliation with the Show Horse Council of Au and all relevant procedures as developed and amended from time to time includinttps://www.showhorsecouncilaust.com.au I declare, in making this application, the period 01/07/2024 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 all the risks involved, including risks associated with any health condition that I he	estralasia Inc (SHCA) I am bound by the SHCA Inc Constitution, By-Laws, Policies ing 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 redictable (changeable) way, especially if frightened or hurt. I, the undersigned riding activities. Prior to undertaking any such activity, I will ensure I am aware o		
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 nijury, death or property damage I may suffer that arises from my participation in horse sport activities.			
understand and acknowledge the dangers associated with the consumption of a responsibility for any injury, loss or damage associated with their consumption. I these activities.			
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 disa	liate removal from my horse NO MATTER 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	•		
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	showing of horses. I agree that any such images or likeness may be used by any		
Signed:	Date:		
Signed:(Signature of Applicant or Parent/Guardian if under 18 years of age)			

Direct Deposit to:

BSB 062 517 Account 0090 8133 Reference: (member name)

Payment Amount: \$ Received:



## 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
Period 1/7/24-30/6/25	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 <a href="www.showhorsecouncilaust.com.au">www.showhorsecouncilaust.com.au</a> for a summary of the cover automatically provided as a benefit of membership of an Affiliate of the SHCA.