

# APPLICATION FOR NEW MEMBERSHIP/MEMBERSHIP RENEWAL



## SHOW HORSE COUNCIL OF TASMANIA INC.

(Affiliate of "THE SHOW HORSE COUNCIL OF AUSTRALASIA Inc.", ABN 51 590 953 920)

[www.showhorsecouncilaust.com.au](http://www.showhorsecouncilaust.com.au) 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 17 years at least one parent or legal guardian must be a member of a SHCA Affiliate or Constituent Affiliate.**

Have some questions?

Contact: Felicity Radley

E: [shctastreasurer@gmail.com](mailto:shctastreasurer@gmail.com)

2022 -2023 Membership Form

## APPLICATION & PERSONAL DETAILS

I, Mrs/Ms/Mr \_\_\_\_\_

SURNAME

GIVEN NAME/S

<b>ADDRESS:</b>	<b>POSTAL ADDRESS (if different, PO Box):</b>
<b>State:</b> <b>Postcode:</b>	<b>State:</b> <b>Postcode:</b>
<b>PIC:</b>	<b>DATE OF BIRTH (under 30 yrs.)</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):	I agree to my contact details being supplied to selected stakeholders in the Sport : <b>Yes</b>
<b>Name</b> <b>Yes</b> <b>Address</b> <b>Yes</b>	
<b>Telephone/email</b> <b>Yes</b>	

### DECLARATION

In the event of my admission as a member of the Show Horse Council of Tasmania Inc, I agree to be bound by THE RULES of the Show Horse Council of Tasmania Inc, for the time being in force, including the competition rules and regulations of the SHCA, I further understand and agree that through Affiliation with the Show Horse Council of Australasia Inc (SHCA), By-Laws, Insurance, Policies and all relevant procedures as developed and amended from time to time including but not limited to the Social Media Policy made available to me. 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 competition 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 IF A MINOR A PARENT/GUARDIAN TO SIGN)

## PAYMENT DETAILS

Please tick which membership applies

Adult Membership	\$	
Junior Membership	\$	
Non-Rider Membership	\$	
Non-Rider (Parent Member)	\$	
<b>Total</b>	<b>\$</b>	

OFFICE: Rec'd ..... RECEIPT/TAX INVOICE No. ....

## CATEGORIES OF MEMBERSHIP AND FEES

MEMBERSHIP TYPE	PERIOD	FEES
<p><small>Direct Deposit can be made but receipt must accompany application.</small></p> <p style="text-align: center;"><b>SHOW HORSE COUNCIL TASMANIA</b>                      ABN - 40 922 660 243  <b>BSB: 067 024 - ACC: 10096435</b></p> <p><small>Please include Name / membership number in description</small></p>	1/7/22 – 30/6/23	
<b>ADULT ACTIVE/RIDING MEMBER</b>	1/7/22 – 30/6/23	<b>\$152.00</b>
<p style="text-align: center;"><b>JUNIOR ACTIVE/RIDING MEMBER (Under 17Yrs)</b></p> <p><i><b>BENEFITS of Active Membership includes 24/7 Personal Accident Cover for all horse related activities.</b></i></p>	1/7/22 – 30/6/23	<b>\$122.00</b>
<p style="text-align: center;"><b>NON-RIDER/NON-COMPETITOR MEMBER</b></p> <p><b>Definition:</b> The Non Rider/Non Competitor Membership is for the member who DOES NOT ride a horse at ANY time, either for pleasure, exercise or training &amp; DOES NOT compete as a rider or handler of a horse in any Competition or Event. This Membership option DOES NOT include 24/7 Personal Accident Benefit. All Categories of Membership include benefit of Public Liability Cover at ALL SHC Official Events.</p>	1/7/22 – 30/6/23	<b>\$82.00</b>