



MEMBERSHIP APPLICATION FORM 2020/2021

SOUTHERN NSW QUARTER HORSE ASSOCIATION INC.

PO BOX 700, Moss Vale, NSW 2577

ABN: 51 742 307 134

www.snsqwqa.com

Adult \$35.00

Family \$60.00

Youth (18 yrs & under) \$25

PLEASE NOTE: Family membership is 2 riding adults and unlimited riding children under 18 at the same address. All members must sign a waiver form to complete their membership.

NAME: _____

ADDRESS: _____

TELEPHONE: Home: _____ Mobile: _____

EMAIL: _____

To enter the Birthday Book, please note Date/Month

Youth Name #1	_____	Date of Birth	_____	AQHA Youth No.	_____
Youth Name #2	_____	Date of Birth	_____	AQHA Youth No.	_____
Adult Name #1	_____	AQHA M/ship No.	_____	AQHA A/O	<input type="checkbox"/> YES <input type="checkbox"/> NO
		PHAA M/ship No.	_____	PHAA A/O	<input type="checkbox"/> YES <input type="checkbox"/> NO
		AAA M/ship No.	_____	AAA A/O	<input type="checkbox"/> YES <input type="checkbox"/> NO
Adult Name #2	_____	AQHA M/ship No.	_____	AQHA A/O	<input type="checkbox"/> YES <input type="checkbox"/> NO
		PHAA M/ship No.	_____	PHAA A/O	<input type="checkbox"/> YES <input type="checkbox"/> NO
		AAA M/ship No.	_____	AAA A/O	<input type="checkbox"/> YES <input type="checkbox"/> NO

Note please provide a copy of your current Amateur Owner permit with this application. Parent or guardian to sign for youth applicants.

I/We hereby apply for membership/renewal of the Southern NSW Quarter Horse Association Inc. and agree to abide by the rules and by-laws of the club.

Signature Adult #1 _____

Signature Adult #2 _____

PAYMENT OPTIONS

Membership can be paid by direct deposit –

Southern NSW Quarter Horse Association

BSB 062-523 Acc No 1026 5689

Please make sure you include your name in the description. Example: J Smith – 2020 Membership

Please post or email completed membership forms to:

SNSWQHA PO Box 700, Moss Vale, NSW 2577 snsqwqa@gmail.com

Credit Cards accepted!! 2% credit card fee will be added

Name on Card: _____ **Card Number:** _____

Expiry Date: _____ **CVV:** _____ **Amount:** :\$ _____

OFFICE USE ONLY

Date received: _____

Receipt No: _____

Financial Year: _____

Amount Paid: _____

Cash Credit Card EFT

MEMBER ACKNOWLEDGEMENT 2020/2021

HORSE RIDING AND PARTICIPATION IN HORSE RELATED ACTIVITY IS DANGEROUS

In consideration for being permitted to participate in any way in horse riding activities I/We, the undersigned, understand, acknowledge and accept that: Horse riding and participation in horse related activities is/are dangerous recreational activities and horses and cattle 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 participating in horse related competition or activities. I /We voluntarily PARTICIPATE at my/our OWN RISK and assume sole responsibility for any injury, death or property damage I/We may suffer that arises from my/our participation in horse related activities. I /We understand and acknowledge the dangers associated with the consumption of alcohol or any mind-altering drugs before and during the activity and I/We take full responsibility for any injury, loss or damage associated with their consumption. I/We agree not to drink alcohol or take drugs prohibited by law before or during any horse activity. I /We agree to abide by the Rules & Regulations of the Australian Quarter Horse Association, its Affiliated clubs and/or the management/organiser of the activities and that I/We will follow all directions of the management/ organiser of the activities.

My/Our failure or refusal to do so can result in my/our immediate disqualification from the activities and the forfeiting of all fees paid in relation to the activities. I/We understand that any such noncompliance may result in injury, death and/or permanent disability. I /We agree to wear a helmet of the currently approved standard in all activities where the Rules & Regulations governing the activity require the wearing of a helmet, I/We am/are solely responsible for ensuring that I/We wear a suitable helmet when required and take sole responsibility for my/our actions.

I /We understand that the Australian Quarter Horse Association, its Affiliated clubs and/or the Management /organiser takes due care to ensure that the venues chosen are safe and suitable, any equipment provided for the purpose of such activities is maintained in good condition and the Association's/management/organiser's staff are appropriately trained.

I/We further confirm I/We am/are in good health and do not suffer from any disability which will affect my/our ability to participate. I /We have had sufficient opportunity to read this document, fully understand its terms and sign it freely and voluntarily without inducement of any kind.

Adult #1 Name	_____	Date:	_____
Adult #1 Signature	_____		
Adult #2 Name	_____	Date:	_____
Adult #2 Signature	_____		
Youth #1 Name	_____		
Parent/Guardian Name	_____	Date:	_____
Parent/Guardian Signature	_____		
Youth #2 Name	_____	Date:	_____
Parent/Guardian Name	_____		
Parent/Guardian Signature	_____		

MUST BE SIGNED AND RETURNED TO THE SOUTHERN NSW QUARTER HORSE ASSOCIATION INC. SECRETARY WITH MEMBERSHIP APPLICATION, SHOW ENTRY FORM, CLINIC REGISTRATION, ETC.

Photo Consent

I, _____ give/deny permission for my child to be photographed by the SNSWQHA Official Photographer and for the photos to be used on the official website and social media pages.

Signed: _____ Date: _____