

Equestrian NSW



Equestrian NSW (ABN 17 157 619 696) and Equestrian Australia (ABN 19 077 455 755) PO Box 7077, Wetherill Park BC NSW 2164

Ph: 02 9620 2660

Email: info@ensw.org.au

Website: www.nsw.equestrian.org.au

This form becomes a Tax Invoice on payment. Please copy for your records

Sport Affiliate – Show Society Application Form 2023 – 2024

Show Society Details (required fields)

| Show name | New/renewing | o New | Renewing |
|-------------------|--------------------|-------|------------------------------|
| EA Affiliation no | Affiliation period | | |
| Street address | | | |
| State | Post code | | |
| Postal address | | | |
| State | Post code | | |
| Contact number | Fax number | | |
| Email address | | | |
| Website address | | | |

Primary Contact Details (required fields)

| Name | Positic | on |
|-----------|---------|-------|
| email | | |
| Phone (w) | Phone | e (m) |

<u>Activity Details</u> (required fields) – Shows running disciplines that require the use of the EA IP and officials are required to be affiliated with their state branch – results can not be uploaded for unaffiliated events

| Primary activity o Jumping o Show Horse o Dressage o Other: | |
|---|--|
|---|--|

Affiliations will not be finalised until all paperwork has been received and accepted by the EA State Branch office.

Affiliation Acknowledgement

We hereby apply for Affiliate membership of Equestrian Australia (EA), Equestrian New South Wales (ENSW) and agree to be bound by the Rules and Regulations of FEI, EA, ENSW and all decisions of the Board of Equestrian New South Wales.

We enclose our affiliation fee of \$_____

| Signature: | Signature: |
|------------|------------|
| | |

Date: ____/ ___/ ____ Date: ___/ ___/____





** PLEASE ENSURE ALL DETAILS ARE COMPLETED **

Please contact the ENSW office on 02 9620 2660 if wishing to pay by bank transfer

| OR | | |
|---|--------------------------------------|----------|
| Please accept my cheque/money | order made out to Equestrian NSW for | \$ |
| OR | | |
| Please charge my credit card: Visa Mastercard Number:/ | _/ / Expiry date | e:/ CCV: |
| Name on Card: | | |
| Signature/Authorisation: | | |
| Being for: Affiliation – Show Society | | \$100 |
| | TOTAL PAID: | \$ |

Please note however that affiliation is subject to approval and is ONLY finalised upon successful payment of the appropriate fee. The Equestrian NSW affiliation year runs from the 1 July to 30 June, shows joining during the year will accept that their membership will be due on 1 July.

Office Use Only:

Date received: _____ Receipt No: