*Equestrian NSW (ABN 17 157 619 696) and Equestrian Australia (ABN 19 077 455 755)*

*PO Box 219, Horsley Park NSW 2175*

*Ph: 02 9620 2660 email: info@ensw.org.au Website:* [*www.nsw.equestrian.org.au*](http://www.nsw.equestrian.org.au)

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

**Commercial Group Affiliation**

This membership category is for Businesses or Commercial Groups which align with Equestrian Australia to access services for a commercial benefit.

**Group Details** (required fields)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organisation name |  | New/renewing | * New Application | * Renewal   Application |
| Street address |  | | | |
| State |  | Post code |  | |
| Postal address |  | | | |
| State |  | Post code |  | |
| Phone number |  | Fax number |  | |
| Email |  | | | |
| Website |  | | | |
| ABN |  | | | |

**Primary Contact Details** (required fields)

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Position |  |
| Email |  | | |
| Phone (w) |  | Phone (m) |  |

**Activity Details** (required fields)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Primary activity**  *(only select one)* | * Dressage * Jumping * Eventing * Para-Equestrian | * Vaulting * Show Horse * General Riding * Trail/social rides | * Driving * Reining * Endurance * Pony Club/ Mounted Games | * Hunting * EA Education Programs * Fundraising * Stud Book | * Agistment * Lessons * Events * Other:……..………. ……………………..... |
| **Additional activities**  *(select all that apply)* | * Dressage * Jumping * Eventing * Para-Equestrian | * Vaulting * Show Horse * General Riding * Trail/social rides | * Driving * Reining * Endurance * Pony Club/ Mounted Games | * Hunting * EA Education Programs * Fundraising * Stud Book | * Agistment * Lessons * Events * Other:……..………. ……………………..... |

**Affiliation Requirements**

Along with this 2 page form, copies of the below must be provided as part of the affiliation application:

1. **Public Liability Certificate of Currency**
2. **Risk Management Plan**

**Payment Details**

|  |  |
| --- | --- |
| Commercial (includes one discipline) | **$450.00** |
| Joining Fee | $50.00 |
| Each additional Discipline | $110.00 |

***Affiliations will not be finalised until all paperwork has been received and accepted by Equestrian NSW***.

**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.

I/ We enclose our affiliation fee of $\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

 PLEASE NOTE: If you have taken out Insurance with the EA Insurance Programme, you must keep your Affiliation current for the insurance to be valid.

***\*\* 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: \_\_ \_\_/ \_\_ \_\_ CCV:\_\_ \_\_ \_\_ \_\_

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature/Authorisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Being for:

1. **Commercial Affiliation**  **$450.00** **$**
2. **Joining Fee (if not current previous year)**   **$50.00** **$**

**TOTAL PAID: $ \_\_\_\_\_\_\_\_\_\_\_\_**

***Please note 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, new affiliates joining during the year will accept that their membership will be due on 1 July.***

**Office Use Only:**

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_