



# 2017/18 MEMBERSHIP APPLICATION/RENEWAL

Title: Mr / Mrs / Miss / Ms

First Name:..... Last Name: .....

Breed Association: .....Membership No: .....

Postal Address: .....

Suburb: ..... State: ..... Post Code:.....

Email Address: .....

Contact Phone Number: .....

Property Identification Code (PIC) – ***REQUIRED BY LAW:***.....

*These contact details will be used by the club to only to contact you eg. Late show cancellations*

## **MEMBERSHIP**

*(Tick ONE box only)*

- Single (\$30.00)*
- Youth (\$15.00)*
- Family (\$60.00) Please list all names.....*  
.....

**Please tick this box if you do not wish for your photograph to be published on the clubs website or facebook page.**

## **DECLARATION**

I/We, .....agree to abide by the Constitution, Rules and Regulations of East Coast Appaloosa Paint And Western Performance Association Inc. (ECAPWPA Inc.). ECAPWPA Inc. will not be held responsible for any injury to horses and/or competitors, loss or damage of competitors or others tack and equipment etc. All competitors must sign waiver and indemnity attached to this form and are competing at their own risk.

**SIGNED:**.....

**PLEASE NOTE:** *ECAPWPA Inc. requires a copy of all Horse Registration Certificates and proof of Membership if competing in any approved registered horse classes OR wishes to accumulate points with their respective breed association.*

## **PAYMENT METHOD:**

*Money Order OR Cheque* posted to: ECAPWPA 22 Bunderra Drive, BEECHWOOD NSW

2446 OR *Direct Deposit:* BSB: **802 214**, Member No (Account No): **120104**

Account Name: **East Coast Appaloosa Paint & Western Performance Association Inc.**

**Office Use Only:**

|  |                      |                                     |
|--|----------------------|-------------------------------------|
| Amount Received:.....                      | Date Received:.....  | Membership Period: 1/8/17 – 31/7/18 |
| Payment Method: Cheque/Cash/Direct Deposit | Date Received: ..... | Signed by committee member: .....   |
| Receipt Number:.....                       |                      | Committee Member Name: .....        |

**INDEMNITY, RELEASE AND WAIVER OF LIABILITY**

I understand and acknowledge that all aspects of handling, working with, in the vicinity of and riding horses is a dangerous activity and that horses can act in a sudden and unpredictable (changeable) way at any time.

I understand and acknowledge that serious injury or death may result from all activities involving horses.

I agree that I compete and/or attend any show conducted or authorised by the East Coast Appaloosa Paint and Western Performance Association at my own risk and to indemnify and keep indemnified the organisation or person involved in the conduct of any show against all claims, suits, actions or demands which may be brought in respect of any injury or other loss sustained by me in the course of competing/exhibiting at the show and agree to exonerate the committee of management of the show together with any other organisation or person involved in the conduct of any HSA show from all loss or injury to me whether due to alleged negligence or otherwise.

Signature .....

Date .....

NB: Parent or Guardian must sign below on behalf of a Youth Competitor

Name of Youth.....

Parent/Guardian Name.....

Signature .....