



# APPLICATION FOR MEMBERSHIP 2018

[rainwhisperer66@gmail.com](mailto:rainwhisperer66@gmail.com)

GIVEN NAME: ..... SURNAME: .....

ADDRESS: .....

SUBURB: ..... POSTCODE: .....

PHONE: ..... MOBILE: .....

EMAIL: .....

**ANNUAL FEE \$70**

**2<sup>ND</sup> MEMBER OF SAME FAMILY \$35 - NON RIDER \$10**

subsequent members must live at the same address

NAME	RIDER/NON RIDER	DATE OF BIRTH	FEE
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
TOTAL			.....

Riders under the age of 18 years must have an adult join the club as well.

Membership renewals are due on the 1<sup>st</sup> of July each year.

Do you and/or child suffer from any medical conditions or allergies which should be made known? YES / NO

If YES, please detail: .....

**Emergency Contact Details:**

Name: ..... Phone: ..... Relationship: .....

Name: ..... Phone: ..... Relationship: .....

Upper Hunter Working Equitation Inc. recommends all riders consider taking out their own insurance before participating in any equestrian related activities. We cannot advise on appropriate cover, however if you have cover, could you please provide us with the details.

Equestrian Australia Insurance: Membership Number: .....

Other Equestrian Insurance: Insurer's Name: .....

Policy / Member Number: .....

Ambulance Cover: Y / N Insurer: .....

PLEASE ATTACH A COPY OF YOUR INSURANCE CERTIFICATE OF CURRENCY AND/OR MEMBERSHIP CARD

**Approved boots and helmets must be worn at all UHWE events.**

New memberships for Upper Hunter Working Equitation are not automatically granted. Received applications will be reviewed at the next general meeting. Prospective applicants will be advised if their application has been accepted or not.

If accepted for membership, I/We agree to abide by the UHWE constitution, rules and regulations. I acknowledge that I have also read, signed and included all the waivers necessary to form part of my application.

**I do/do not give permission for image, photographs of me/my child/children to be used by UHWE for promotional purposes and newsletters.**

I, ..... agree that I will be on the grounds at any UHWE event where my child will be riding. If I am unable to attend, I will appoint another person over 25 years of age to be responsible for my child/children.

SIGNED: ..... DATE: .....

(BY PARENT/GUARDIAN IF UNDER 18)

Please sign and return with payment to complete your application.

Upon payment this form will become a TAX INVOICE.

Please email completed forms the email address on the front of the membership form.

Payment is to be made via trybooking ( <https://www.trybooking.com/WSYZ> ,  
<https://www.trybooking.com/399489> )

Memberships will not be deemed valid until form is sent in also.