

Equestrian Australia 2025 EQ Club Affiliate Form



This Form becomes a Tax Invoice on payment. Please copy for your records. (Branch ABN 79 598 577 242)

AFFILIATION CATEGORY:

Club Affiliate

EA Number (Office Use)	AFFILIATE NAME						
PRIMARY CONTACT DETAILS (req	uired fields)						
LOCATION OF GROUNDS USED:							
POSTAL ADDRESS:							
SUBURB:	POST CODE:						
WEBSITE:							
Event Contact Name:							
Mobile:	Email:						
COMMITTEE DETAILS							
President's Name:							
Mobile:	Email:						
BlueCard No:	Expiry Date:						
Vice-President's Name:							
Mobile:	Email:						
BlueCard No:	Expiry Date:						
Treasurer's Name:							
Mobile:	Email:						
BlueCard No:	Expiry Date:						
Secretary's Name:							
Mobile:	Email:						
BlueCard No:	_Expiry Date:						
NAME OF LOCAL GOVERNMENT AUT (This information is to enable us to di	HORITY (COUNCIL):ect you to funding opportunities that may be in your area)						
MONTH OF YOUR AGM (DATE): _							
NAME OF INSURER (IF NOT INSURED	WITH EA/MARSH INSURANCE BROKERS)? □ Marsh/EA □ Other						
	Expiry Date:						

All information contained in this document will be dealt with in accordance with the EQ Privacy Policy. This Policy may be viewed at https://www.qld.equestrian.org.au/content/policies-and-bylaws

MEMBERSHIP DETAILS OF CLUB (to be completed by clubs)

As part of its function	to promote equestrian sport in Queensland, i	Equestrian Queensland ne	eds accurate statistics o	n participation levels for various
demographic groups.	It would be appreciated if you could fill in the	e statistics below to assist	us in this important fun	ction

3		, ,					
TOTAL CLUB MEMBERS		NUMBER OF EA MEN	1BERS		NUMBER OF NON-E	4 MEMBERS	
CLUB ACTIVITY DAYS		JOINT CLUB/PARTICIF	PANT DAYS		COMPETITIVE DAYS		
PRIMARY CLUB ACTIVITIES	S: AREA OF INTER	EST & ACTIVITY DETA	AILS (tick all the	ıt apply)			
Dressage		☐ Vaulting			Interschool		
Jumping		☐ Show Horse			Other		
☐ Eventing		Driving					
		1					
AFFILIATION REQUIREM Along with this form, copie	es of the below doc	uments <u>must</u> be prov pplied electronically to					
COMPULSORY FOR A	ALL AFFILIATES						
D PROOF OF CURRE	NT INSURANCE (ce	ertificate of currency)	NCE OF CUR	RENT INCORPORAT	ION (for ne	w Clubs)
			L CLUB	CONSTITUTI	ON (for New Clubs o	r Constitutio	nal Changes)
	All documents su	pplied electronically to	o be emailed to	enquiries@	equestrianqld.com.	<u>au</u>	
2. The rules, regulation Statutes and Regul	of Equestrian Austrons, policies, by-lavations) of: questre Internation ustralia. egulations are availatutes and Regulations are alges that the rights es where the Appli	ralia and the Branch. ws, codes of conduct nale (FEI), the internal lable on the FEI's we tions are available on available upon reque and benefits of mer ance programs and u	bsite, at https:, Equestrian Au est made to the mbership of Equestrian of Equestrian	ederation fo //www.fei.or stralia's web Branch. uestrian Australi	r the sport of equency (FEI Website). site, at https://www.tralia and the Branc	, and decision strianism. w.equestrian ch (including intellectual P	n.org.au/ (EA g as to coverage
PAYMENT DETAILS					2025 Affi	iliation Fees	;:
Club Affiliation				,		\$310.0	00
lf you wish to pay by direct Can we ask that you AFFILIATIONS WILL NOT BE	email a copy of you FINALISED UNTIL 1 Please Note:	Name BSB Account No Description ur banking remittance THE PAYMENT, PROOI HAVE BEEN REC The completed Renew Return email: enqui	Equestrian Qu 084 004 02651 1255 Affiliate Name e advice of payn F OF PAYMENT, CEIVED BY THE I val Form becom ries@equestria	& EA No. ment, showing THE COMPLI EQ OFFICE. mes an invoice ngld.com.au	e upon payment.	EQUESTED L	
CDEDIT CARD DETAILS	{PLEASE NOTE: A	N ADDITIONAL 1.5 % B	BANK CHARGE V	VILL APPLY T	O ALL CREDIT CARD	S}	
CREDIT CARD DETAILS			1				
TYPE OF CARD	∐ VIS	SA L	Mastercard		EXPIRY DAT	E	
NAME ON CARD:							
CARD NUMBER:						İ	