

Equestrian Australia 2015 NT Affiliate Application Form



This Form becomes a Tax Invoice on payment. Please copy for your records. (Branch ABN 96 435 295 476)

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PLEASE SUPPLY AS MUCH OF THE FOLLOWING INFORMATION AS POSSIBLE

1.	Are all	Executive (Officer	rs am	ateurs	s? YES	/ NO	If no	please	suppl	y detai	ils belo	ow.					
2.	Please :	State your	Orgar	nisatio	on's ac	ctivitie	s (e.g.	: Dress	sage, Ju	ımpin	g, Clini	ics, etc	:.):					
3.	Numbe	r of active	riders	::				Numb	ers of	other	memb	ers:						_
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[□ Affi	liate Cluk	b/Org	ganis	ation	ı (two	or m	nore e	events	cor	npeti	tions)				\$160	.00	
Ţ	☐ Joining or Lapsed Fee (new affiliates & renewals after 28 Feb 2015)										\$30.00							
REQUIRED INFORMATION																		
<u>A</u>	All NEW Affiliates must attach copies of the following:																	
 A copy of your Constitution/Rules of Association Evidence of adequate Public and Product Liability and Errors and Omissions insurance cover or a copy of an application for EA insurance A copy of the organisation's risk management policy All new Affiliates must be a "not-for-profit" organisation and incorporated under an Associations Incorporation Act or similar legislation in Northern Territory. Renewing Affiliates need to send in changes made to submitted information. We hereby apply for Affiliate membership of Equestrian Australia (EA), Equestrian Northern Territory Inc. (ENT) and agree to be bound by the Rules and Regulations of the FEI, EA, ENT and all decisions of the ENT Board. 																		
١	We enclo	se our af	filiatio	on fe	e of \$													
S	Signature: Date:/																	
							PAYI	MENT	DETA	AILS								
 Payment can be made by credit card or by cheque/money order. Completed forms to be returned to: Email: equestrian nt@hotmail.com (preferred) Note: if paying by credit card, original form must be signed & scanned. Credit Card payments will incur an additional 2% charge. Mail: PO Box 901, Coolalinga NT 0839 Please make cheque/money order payable to "Equestrian Northern Territory". 																		
PLEASE FILL IN FOR PAYMENT BY CREDIT CARD Signature																		
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