APPLICATION FOR AFFILIATION WITH THE HORSE SHOW ASSOCIATION OF AUSTRALIA INC.

ANNUAL FEE - \$130.00 ASSOCIATIONS LIABILITY INSURANCE \$70 (compulsory)





Name of Club		
No. of Contract		
Name of Contact		
Address		
SUBURB STATE	P/COE)E
STATE	17001) <u> </u>
Phone and Fax numbers		
E-mail address		
Website address (if applicable)		
() ()		
Total number of committee members		
Presidents Name		
Secretary's Name		
Treasurer's Name		
Is the club incorporated Yes / No		
Approximate number of volunteers registered wit	h the club	
Does the club provide any:		
(a) Legal, financial or environmental advice		Yes / No
(b) Medical treatment (other than first aid), medical advice,		Yes / No
scientific or medical research	(c) Professional services that are provided on a "fee for service"	
basis other than tuition Yes / No		
Total Assets \$	Total Liabilities	\$
Total Income	\$	_ Ψ
(grants, memberships, sponsorships)	Ψ	
Does the Club have	constitution / certified first aid officers /	
(circle those applicable)	rules & regulations / risk management /	
,	hot weather policy / age limits /	
	compulsory helmet us	
	bio-security measures	3
After enquiry, are the office bearers/committee members or the club		
	ware of any circumstance which may result in a claim being made? If	
yes, attach full details.		Yes / No
PROPOSED BY		
Signature	Date	
SECONDED BY		
Signature	Date	
- Originatorio - Dato		
Application must be proposed and seconded by other committee members.		
A copy of minutes where motion was carried to affiliate must be attached. Also a copy of any		
proposed show program and activities, and a copy of club rules that may already be in place.		
Application fee is not necessary until Affiliation is accepted.		
We agree to abide by the rules of the HSAA.		
Signature Date		
President/Secretary		