



Application for Membership/RENEWAL

Membership Details For 20__ __ (year)

Please Tick NEW MEMBERSHIP <input type="checkbox"/> or MEMBERSHIP RENEWAL <input type="checkbox"/> Membership # _____			
Member Name (must be over 18 years old)			JPC Member <input type="checkbox"/>
Address			
Post Code		Phone Number	
Email			
Are you an EA Member?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, EA Number _____
PIC Number	Q _____	**Every property with a horse has a PIC number, Its 4 letters followed by 4 numbers. Contact DPI if needed.	

****Junior and other family member details on page 2****

Members agree to contribute, to help or provide a helper at competitions or whatever may assist Scenic Rim Equestrian Club in being a riding club that runs smoothly, efficiently and effectively so that members can reap the rewards in terms of organized and efficient competition days and clinic. Your help may be called upon when and if necessary.

I wish to renew/apply for full membership with Scenic Rim Equestrian Club and agree to the conditions as stated on reverse of this form. I acknowledge that failure to sign the waiver will negate membership of the club. *New membership applications MUST be approved by the club committee before member privileges are available.* All Scenic Rim Equestrian Club Members are required to comply with the SREC General Code of Conduct. SREC members must meet and maintain the following requirements in regard to their conduct and behaviour during a competition, active or during an active role within the club:

- Respect the rights, dignity and worth of others.
- Accept responsibility for your actions.
- Adhere to Equestrian Australia standards, rules, regulations and policies that cover the equestrian disciplines the club offers to our members.
- Do not use your involvement with Scenic Rim Equestrian Club to promote your own beliefs, behaviors or practices where these are inconsistent with those of Equestrian Australia.
- Be a positive role model to others especially when working with or in contact with juniors.
- Refrain from any form of harassment of others, verbally, physically and through written word, including bullying or defamation on social media.
- Work with Scenic Rim Equestrian Club to provide a safe environment for the conduct of the activity.

I have had sufficient opportunity to read this General Code of Conduct, fully understand its terms and sign it freely and voluntarily.

Signature of member : _____ Dated: _____



MEMBERSHIP TYPE	1st Jan – 31st Dec	JPC Member
Full Family Membership (Immediate Family Only, D.O.B for juniors) (DO NOT include main member, whose details are on first page) Maximum 4 family members. Extra members can use single memberships, listed below. 1 _____ D.O.B ___/___/___ EA# _____ 2 _____ D.O.B ___/___/___ EA# _____ 3 _____ D.O.B ___/___/___ EA# _____	\$100.00	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Single Senior Rider Membership	\$50.00	<input type="checkbox"/>
Single Junior Rider Membership Please note: it is a condition of membership that all members under the age of 18 years have a Parent or Legal Guardian who is also a club member (can be social/non-riding). Rider Name _____ D.O.B ___/___/___ EA# _____	\$30.00	<input type="checkbox"/>
Non-Riding/ Social Member	\$10.00	<input type="checkbox"/>

A SEPARATE DANGEROUS ACTIVITY ACKNOWLEDGMENT FORM MUST BE RETURNED WITH THIS MEMBERSHIP FORM FOR EACH MEMBER.

*Please send fully completed forms to scenicrimequestrianclub@outlook.com

**Please allow a week for memberships to be processed, if you have not received your new Membership Card in this time please shoot us a message to double check we have received it.

***Please send forms and make payment on the same day where possible.

Please pay via Bank Transfer.
 Please use your Surname and Membership as description
 E.g. Smith Membership
Bendigo Bank
Account Name: Scenic Rim Equestrian Club Inc.
BSB: 633000
Account #: 154869044

Bank transfer description: _____

Bank Transfer date: ___/___/___ Amount Paid \$ _____

Signature of member : _____ Dated: _____



Member Dangerous Activity Acknowledgement

Full Name of participant (and of guardian if under 18 years).....

.....

Address.....

StatePost Code.....Date of Birth

Name of Club/Organisation.....

Membership No.

In consideration for being permitted to participate in any way in horse sport activities, I, the undersigned, understand, acknowledge and accept that:

Horse sports are a dangerous activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.

There is a significant risk that serious **INJURY** or **DEATH** may result from horse sport activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs and agree not to drink alcohol or take drugs prohibited by law before or during any horse sports activities.

I agree to follow the directions of any event organiser or official and that any misconduct or refusal by me to follow any direction of any organiser or official can result in the **CANCELLATION** of my participation in the activities and my immediate removal from my horse **NO MATTER** where that may occur.

I agree to wear an approved helmet at all times whilst participating in the sport where this is required under the relevant EA and FEI rules and regulations.

I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and fully understand its terms and sign it freely and voluntarily.

Dated: ___ / ___ / ___

Signature of rider _____

For Participants of Minority Age (Under Age 18)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, acknowledge, understand and accept ALL OF THE ABOVE and consent and agree to my minor child's involvement or participation in horse sport activities.

Dated: ___ / ___ / ___

Signature of guardian _____