



The Arabian Horse Society of Australia Ltd.

ABN 12 001 281 590

Street Address: Unit 12, 40 Bowman Street RICHMOND NSW 2753

Postal Address: Post Office Box 415 RICHMOND NSW 2753

Telephone: 02 - 45775366 Fax: 02 - 45877509

Email: secretary@ahsa.asn.au

Website: www.ahsa.asn.au

JUNIOR MEMBERSHIP APPLICATION

(Effective 4th December 2020)

PLEASE READ NOTES ON REVERSE, THEN COMPLETE SECTION A, B (If required) AND C. PRINT CAREFULLY (OR TYPE) AND SIGN. CORRECT FEE MUST ACCOMPANY APPLICATION—CREDIT CARD PAYMENT OPTION IS ON THE REVERSE.

I hereby apply for membership of the Arabian Horse Society of Australia Limited and agree during the period of my membership, to abide by and be bound by the Constitution of The Arabian Horse Society of Australia Ltd, the Rules, Regulations and Policies of the Arabian Horse Society of Australia Limited and acknowledge and accept the Release and Waiver of Liability below.

A. JUNIOR MEMBER (under 18 years of age)

SURNAME	ALL OTHER NAMES	DATE OF BIRTH
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
POSTAL ADDRESS	<input style="width: 95%;" type="text"/>	
	<input style="width: 95%;" type="text"/>	
	<input style="width: 95%;" type="text"/>	POSTCODE
TELEPHONE NUMBER	<input style="width: 95%;" type="text"/>	Is this Telephone Number to be Confidential YES <input type="checkbox"/>
MOBILE NUMBER	<input style="width: 95%;" type="text"/>	Is this Mobile Number to be Confidential YES <input type="checkbox"/>
EMAIL ADDRESS	<input style="width: 95%;" type="text"/>	Is this Email Address to be Confidential YES <input type="checkbox"/>

B. FORM OF AUTHORITY - Complete this section if more than one person is to be authorised to sign on behalf of the Junior Member

THIS SECTION MUST BE COMPLETED (Tick relevant box)

- ONE PERSON TO SIGN SOLELY*
- ANY ONE OF THE PERSONS LISTED IN THE SCHEDULE TO SIGN SOLELY*
- ALL PERSONS LISTED IN THE SCHEDULE TO SIGN JOINTLY*
- (DESCRIBE ANY OTHER ALTERNATIVE TO THE ABOVE)*.....

THE SCHEDULE OF PERSON(S) AUTHORISED TO SIGN

No.	SURNAME(S)	ALL OTHER NAMES	SPECIMEN SIGNATURE(S)	MEMBERSHIP No.
1	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
2	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Release and Waiver of Liability

In consideration for being permitted to participate in any way in horse sport activities, I, 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 AHSAR Ltd. Rules and Regulations.

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

For Participants of Minority Age (Under 18 years) - I/we as parent(s)/guardians with legal responsibility for this participant acknowledge, understand and accept the Waiver of Liability above and consent and agree to my/our minor child's involvement or participation in Horse sport activities.

C. DECLARATION - FOR PARTICIPANTS OF MINORITY AGE (Under 18 Years)

This is to certify that I/we, as parent(s)/guardian(s) with legal responsibility for this junior member, agree that during their period of membership, they abide by and be bound by Constitution of the Arabian Horse Society of Australia Limited, the Rules, Regulations and Policies of the Arabian Horse Society of Australia Limited and acknowledge and accept the Release and Waiver of Liability above.

I/We

of

..... Postcode.....

being parents, Guardians or agents for

who is applying for Junior Membership of the AHSAR Ltd declare that I/we are responsible for and authorise the above scheduled signatories to sign all necessary documents for all transactions with the AHSAR Ltd on behalf of this applicant until he/she turns 18 years of age.

Were you introduced by a current member of The Arabian Horse Society of Australia ? YES NO If so, who ?

NOTES
PLEASE READ CAREFULLY BEFORE COMPLETING
JUNIOR MEMBERSHIP APPLICATION
Effective 4th December 2020

1. **MEMBERSHIP YEAR** - This covers the period 1st January to 31st December. This is \$61.00 for a membership year for Junior Membership. Being a Junior Member does not entitle that Junior Member to vote for Board Elections or at an Annual General Meeting or at any other time that a vote of Members is required.
2. **PART YEAR MEMBERSHIP** - The Society's Constitution allows a fee of \$40.00 for those persons who are elected as members for the first time between the period of 1st July to 31st December in any year. Applicants for membership which are received by the Society from 1st July until 30th November each year will qualify for this reduced fee.
3. **ELECTION OF MEMBERSHIP** - Applications for membership of the Society must be in writing, signed by the applicant and approved by the Board in their absolute discretion at the next Board meeting or by circular resolution as per The Constitution. Thus: Applications cannot be formally approved until the Board has resolved their approval which can take up to two weeks.
4. **INSURANCE** - Members are automatically insured for personal liability (from 4th December 2020) in respect of their personal equestrian related activities, provided that they are normally domiciled in Australia - This is an integral part of the Membership and is mandatory.

Public and Products Liability.

What - Your legal liability to compensate third parties for personal injury or property damage (of proven liability or negligence).
Limit of Liability - \$20,000,000
Excess - \$1,000 each and every occurrence.
When - At all times (24 hours per day seven days per week) whilst engaged in non-income earning equestrian activities (for pleasure NOT profit).

This insurance comes into effect when and if your other insurances will not cover the incident. A Members Insurance Summary is on our website: www.ahsa.asn.au and can be downloaded.
5. **CLAIMING TO BE A MEMBER** - No person(s) have the right to claim membership of the Society until such time as being notified in writing by the Secretary of the Board of Director's approval of the application.
6. **ARABIAN HORSE NEWS (AHN) MAGAZINE** - Membership subscription entitles Ordinary, Overseas, Associate, Company and Junior Members to receive copies of the Arabian Horse News Magazine which may be issued during the currency of a persons membership. Every effort will be made to automatically supply new members with relevant back issues of this magazine, but this is subject to the availability of copies.
7. **THE SOCIETY'S CONSTITUTION, RULES, REGULATIONS AND POLICIES** - These are available for viewing or printing on our website, however, a copy can be supplied immediately on request to applicants at no charge.
8. **CHANGE OF ADDRESS** - If you change your address or email at any time, please notify the Society in writing as soon as possible, otherwise, you may not receive correspondence or The Australian Arabian Horse News. If you have any queries or require further information on membership or dealing with the Society's Registry, please do not hesitate to contact the Society's Office.
9. **PRIVACY STATEMENT** - I understand and accept that standard Stud Book information pertaining to the above including pedigree and ownership information will be made accessible by the AHSA Ltd. via printed and/or electronic media.

CREDIT CARD DETAILS I/We wish to pay by: Mastercard Visa CCV: Tax Receipt Required Yes / No

Amount: Expiry Date:

I hereby authorise the AHSA Ltd to debit the credit card noted for the amount listed. Additional fees to the value if \$25 may be debited without referral where my calculation of fees required is incorrect in order to finalise the transaction applied for.

Cardholders Name (Block Letters): Cardholders Signature: