

Equestrian South Australia Membership Form 2026-27



EQUESTRIAN
SOUTH AUSTRALIA

ABN: 82 278 539 230

Please refer to the Equestrian SA website for membership category definitions, permissions and restrictions. www.sa.equestrian.org.au

Membership Category (Optional fields please check ✓)

- | | | |
|---|---|---|
| ☐ COMPETITOR – Senior \$460 | ☐ PARTICIPANT – Senior \$305 | ☐ SUPPORTER – Coach \$320 |
| ☐ COMPETITOR – Junior \$245 | ☐ PARTICIPANT – Junior \$205 | ☐ SUPPORTER – Owner \$310 |
| | ☐ RECREATIONAL – Senior \$200 | ☐ SUPPORTER – Official \$185 |
| | ☐ RECREATIONAL – Junior \$85 | ☐ SUPPORTER – Volunteer \$185 |

Member Details (all required fields)

Name				New/Renewing	☐ New	☐ Renewing
EA Affiliation no				Date of Birth		
Gender	☐ Male	☐ Female	☐ Non-Binary	PIC #		
Postal Address						
State				Post code		
Street Address						
State				Post code		
Mobile Number				Home Number		
Email Address						

Emergency Contact Details (all required fields)

Name		Relationship	
Email Address		Mobile Number	

COMPETITION LICENSE(S) – to purchase card(s) for Current Full Registered Pony/Horse(s) please check ✓

- | Discipline | Price | Discipline | Price |
|-------------------------------------|----------|--------------------------------|----------|
| ☐ Dressage | \$ 52.00 | ☐ Jumping | \$ 52.00 |
| ☐ Pony Dressage | \$ 52.00 | ☐ Eventing | \$ 52.00 |

Horse Name: _____ Horse Number: _____

Horse Name: _____ Horse Number: _____

Horse Name: _____ Horse Number: _____

Please note if your horse is not EA Registered, you will need to fill out Horse Registration Papers before any cards can be purchased. Only horses that hold Full Horse Registration can purchase Competition Licenses.

Equestrian Activity (Optional fields please check ✓)

- Other Affiliations ☐ PCA ☐ RDA ☐ ASHS ☐ SHC ☐ AERA ☐ ANSA
- Other: _____ Club Name: _____
- Other Accreditations ☐ Coach ☐ Official
- Discipline INTEREST
- | | | |
|-------------------------------------|--|---------------------------------|
| ☐ Dressage | ☐ Vaulting | ☐ Endurance |
| ☐ Para Dressage | ☐ Show Horse | ☐ Reining |
| ☐ Jumping | ☐ Carriage Driving | ☐ Pony Club |
| ☐ Eventing | | |

Equestrian South Australia Membership Form 2026-27



ABN: 82 278 539 230

Member Acknowledgement

I hereby apply for membership of EA Ltd & the State Branch. In doing so, I agree to be bound by the Rules & Regulations of the FEI, EA Ltd and Equestrian SA Inc. & all decisions of the Committees of the Branch.

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 participant: _____

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 participant: _____

Total Amount

\$

Payment Methods

☐ Credit Card

☐ Bank Transfer

☐ Cash (in office only)

Bank Details:

Equestrian SA

BSB: 015 650

Acc No: 440 041 623

Please reference Last Name & 'Membership'

Type:

☐ Mastercard

☐ Visa

Name:

Number:

Expiry:

____/____

CVC: ____

Post to: Equestrian SA Unit 10/2 Cameron Road, MOUNT BARKER SA 5251 or email to: reception@equestriansa.com.au

Equestrian SA Membership year is the Financial Year ending June 30th each year.