

Equestrian South Australia Affiliation Form

Affiliation	ommercial	Membership Year 01/07/2021 – Expires 30/06/2022					
Group Details (require	ed fields)						
Organisation name		Select a	box	o New		o Renewing	
EA Affiliation no						•	
Street address				·			
State		Post cod	le				
Postal address		,					
State		Post cod	le				
Contact number		,		,			
Email address							
Website address							
Website address Primary Contact Details	ails (required fields)						
Website address Primary Contact Deta Name	ails (required fields)	Posit	tion				
Website address Primary Contact Deta Name Email	ails (required fields)	Posit	tion				
Website address Primary Contact Deta	ails (required fields)	Posit	tion				
Website address Primary Contact Deta Name Email	ails (required fields)	Posit	tion				
Website address Primary Contact Deta Name Email		Posit					
Website address Primary Contact Deta Name Email Mobile Activity details (require) © Dressage	ired fields) O Vaulting	Driving		EA Education	0	Agistment	
Website address Primary Contact Deta Name Email Mobile Activity details (requ	ired fields)		0	EA Education Programs Fundraising	0 0 0	Agistment Events Other	

Compulsory Affiliation requirements -

Along with this 2-page form, copies of the below must be provided as part of the affiliation application;

- 1. Evidence of Current Incorporation (Certificate and/or Proof of your Last Annual Statement lodged)
- **2.** A copy of Public Liability Insurance Certificate of Currency. (MUST be for \$20,000,000 or more with a minimum of 12 months coverage)
- 3. Risk Management Policy including Biosecurity Policy & Plan.
- 4. In completing this affiliation form, all groups seeking affiliation, recognise and acknowledge that ALL affiliated events dates, regardless of discipline, must be ratified by the respective Equestrian SA Discipline Sub-Committee prior to publication or advertisement.



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Payment details

Fees:

COMMERCIAL AFFILIATION: \$949.50 (Includes Nominate processing fee)

Payment	1. Cheque	2. Credit Card						
methods	Please make cheques	Type:	 Mastercard 	o Visa				
	payable:	Name:						
	Equestrian SA	Number:	/	//				
		Expiry:	/					
		CVC:						
Return: Equestrian SA - Unit 10, 2 Cameron Rd, Mount Barker, SA 5251 or email to reception@equestriansa.com.au								
We hereby apply for Affiliate membership of the Equestrian Australia (EA) Equestrian South Australia Inc. (ESA) and agree to be								

PRINT NAME	SIGNATURE
Date:	