Australian Sports Pony Registry Inc.

ABN 18 968 802 987

Federal Office : ASPR Secretary, P.O. Box 594, Echuca Victoria 3564
Ph. (03) 5482 2777 Email - aspr@iinet.net.au
Web Site : www.australiansportspony.org

NEW/RENEWAL MEMBERSHIP APPLICATION

I/We hereby apply for membership of the Australian Sports Pony Registry for the period 1st January, 2012 to 31st December, 2012. I/We hereby agree to pay the appropriate membership fee and to abide and be bound by the Rules and By-Laws of the Australian Sports Pony Registry Inc.

Adult Membership (one adult)

Mr/Mrs/Miss/Ms : Surname …….. Given Name ……..

Address …….

Post Code……. State…….. Ph. No. ……. Email ……..

Signed ……. Date …….

Junior Membership (one junior under 18 years)

Mr/Mrs/Miss/Ms : Surname …….. Given Name ……..

Address …….

Post Code……. State…….. Ph. No. ……. Email ……..

Date of Birth ……..

Parent/guardian of a Junior Member must complete the section below and membership application must be signed by said parent/guardian. Junior Member is NOT entitled to vote or hold office.

Mr/Mrs/Miss/Ms : Surname …….. Given Name ……..

Signed ……. Date …….

Family/Stud/Company Membership

(NB 1. Adult No.1 is to be listed as the person entitled to vote
2. Family/Stud/Company Membership limited to maximum of 3 persons)

1. Mr/Mrs/Miss/Ms : Surname ……Given Name ……...

Address …….

Post Code……. State…….. Ph. No. ……. Email ……..

Signed ……. Date …….

2. Mr/Mrs/Miss/Ms : Surname ……Given Name ……...

Signed ……. Date ……...

3. Mr/Miss : Surname ……Given Name ……

Signed ……. Date ……...

MEMBERSHIP FEES :

Adult *(one person 18 years or over —entitled to vote or hold office)*	$55.00
Junior *(under 18 years—not entitled to vote or hold office*	$45.00
Family/Stud/Company (one adult listed as voting member)	$55.00
plus each additional person listed on the joint membership	$20.00 (each)
Late Fee (For **existing** member if paid after 15/2/2012)	$20.00

Cheques/Money orders to be made payable to **Australian Sports Pony Registry**. Renewal Membership applications to be returned with payment to : **ASPR Federal Secretary, P.O. Box 594, Echuca Vic. 3564 by 15th February, 2012**

Office Use : Date Received ……Amount $..... Receipt No….. …… M/Ship No. ……..

ANNUAL
Member Dangerous Activity Acknowledgement

EQUESTRIAN AUSTRALIA

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

.....

Address.....

State .....Post Code.....Date of Birth .....

Name of Club/Organisation.. Australian Sports Pony Registry Inc.

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_____