

WESTERN DISTRICT ARABIAN RIDERS AND BREEDERS INC.

(Registered Victoria No. A5581U)

4129 Western Highway, TRAWALLA VIC 3373

An Affiliate of the Arabian Horse Society of Australia Ltd

MEMBERSHIP APPLICATION 2018



I/We hereby apply for membership of the W.D.A.R.A.B. Inc. for a **fee of \$30 (Single Membership) or \$35.00 (Family Membership)** and acknowledge that membership begins at date of acceptance **and expires on 31 December 2018.**

Whilst being free to express opinions on any issue I/we agree to abide by majority decisions resulting from official meetings of the Western District Arabian Riders And Breeders Inc..

NOTE:

1. A Family Membership may consist of any two members of a family. Only the first named applicant has voting rights at meetings conducted by the WDARAB Inc. Each person in the Family Membership must be covered by Personal Liability Insurance.
2. Junior members are under the age of 18 years.

Unless otherwise notified, meetings are held on the second Thursday of every second month. A notice of meeting is usually sent to all members by email, SMS Text or mail.

Full Name of Applicant (single membership):

Address:

Phone:B.H.A.H. Mobile PH:.....

Email:.....AHSA Ltd Membership Number:

(If you have access to email please give your email address as it is our main means of communication between members.)

Signed..... Date.....

Full Name of Second Applicant (if family Membership):

Address:

Phone:B.H.A.H. Mobile PH:.....

Date of birth if Junior (under 18 years of age):/...../..... Signed..... Date.....

Email:.....

(If you have access to email please give your email address as it is very efficient means of communication between members.)

COMPULSORY PERSONAL LIABILITY INSURANCE:

The Arabian Horse Society of Australia Ltd. provides Public and Personal Liability Insurance for it's members for all horse related incidents resulting in negligence being proven. This Insurance only comes into effect when your Household/Farmpac/Livestock Insurance does not cover you. Members of an Affiliate of the AHSA Ltd who are not AHSA Ltd members pay the Affiliate **\$30.00** for the same cover.

The following declaration must be completed by the applicant (parent/guardian if junior or an adult if Family Membership):

Please tick the appropriate box:

- I am a member of AHSA Ltd for 2018 and as a result I already have Personal Liability Insurance.
- I already have Personal Liability Insurance through another affiliate of the AHSA Ltd for 2018.
- I have my own Personal Liability Insurance that covers attendance, showing and competing at horse related events.
- I am not a member of AHSA Ltd for 2018
- I do not have Personal Liability Insurance through an affiliate of the AHSA Ltd for 2018 and I do not have my own Personal Liability Insurance that covers attendance, showing and competing at horse related events.
I tender **\$30.00** with my application for membership to cover Personal Liability Insurance.

Signed..... Date.....

Please select the appropriate fees:

MEMBERSHIP:

Single Membership \$30.00
or
Family Membership \$35.00 \$

INSURANCE:

Member of AHSA Ltd for 2018 or Insured as a member of another AHSA Ltd Affiliate for 2018: **no fee.**
or
Not a member of AHSA Ltd for 2018
and not insured as a member of another AHSA Ltd Affiliate for 2018: **\$30.00**
\$

I tender: Direct Bank Deposit Cheque Cash for the **TOTAL AMOUNT** \$.....

WDARAB CBA BSB: 063 502 Acct No: 10139422 - Please put your name as reference.