



Australian Palomino Horsebreeders Association Inc.

A0007216F

ABN: 70 637 393 265

APHA Administrator – National Office

PO Box 130, Sunbury, VIC 3429

Ph: (03) 9744 3256

Email: [apha@mcmedia.com.au](mailto:apha@mcmedia.com.au)

Web: [www.apha.net.au](http://www.apha.net.au)

## APPLICATION FOR MEMBERSHIP

**Due 1<sup>st</sup> January of each year**

**Fees: (Tick one)**

**Single Membership Fee: \$60.00** per annum

**NEW**

**RENEW**

**Family Membership Fee: \$ 120.00** Per annum (2 adults & 2 children, under 18 years)

**FAMILY**

**Junior Membership Fee: \$ 25.00** Per annum (Jnr under 18 yrs, Mare/gelding owners only)

**JUNIOR**

**Partnership Membership Fee: \$100.00** Per annum (1 voting right only)

**PARTNERSHIP**

**Associate Membership: \$25.00** per annum (no voting right, Magazine only)

**ASSOCIATE**

**RESIGN**

**\*\*Please state birth date of Junior Member\*\***

**I wish to apply for membership of the Australian Palomino Horsebreeders Association Inc.  
For the year commencing 1<sup>st</sup> January \_\_\_\_\_**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Confidential: Yes/No**

**Please nominate the name of the person entitled to sign documents and vote on this membership:**

**Mr/Mrs/Ms:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Please make Cheque/money order payable to the Australian Palomino Horsebreeders Association**

**Membership Fee:** \$ \_\_\_\_\_

**Late levy of \$10.00 if payed after 28<sup>th</sup> February** (Does not apply to NEW membership) \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

**Application for membership and total fees must be forwarded to the A.P.H.A Administrator**



## Australian Palomino Horsebreeders Association Inc.

A0007216F  
APHA Administrator – National Office  
PO Box 130, Sunbury, VIC 3429  
Ph: (03) 9744 3256

ABN: 70 637 393 265  
Email: [apha@mcmmedia.com.au](mailto:apha@mcmmedia.com.au)  
Web: [www.apha.net.au](http://www.apha.net.au)

### **INDEMNITY & WAIVER - ADULT**

This waiver form is to be completed by each member. (For example, a Family membership of four (4) people must complete 4 waiver forms.) **Waiver forms must accompany Membership applications.**

I, \_\_\_\_\_ (print name)

Of \_\_\_\_\_ (print address)

#### **Horse Sports are a Dangerous Activity**

I understand and acknowledge that horse sports are a dangerous activity and that horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.

I understand and acknowledge that serious **INJURY or DEATH** may result from horse sport activities and in particular this event.

I agree that I **PARTICIPATE at my OWN RISK.**

I agree not to drink alcohol or take drugs prohibited by law before or during this competition.

#### **Effect of this Document**

I understand that my signature to this document constitutes a complete and unconditional release of all liability.

- ~ Agree to compete at any APHA Inc. Show at my own risk.
- ~ Agree not to make any claim against the APHA Inc. for any injury or loss sustained at any Show.
- ~ Agree to compete/exhibit at my own risk and to indemnify and keep indemnified the APHA Inc. together with any other organisation or person involved in the conduct of any Show against all claims, suits, actions or demands which may be brought in respect of any injury or other loss sustained by me in the course of competing/exhibiting at the Show and agree to exonerate the Committee of Management of the APHA Inc. together with any other organisation or person involved in the conduct of any Show from all responsibility and from all loss or injury to me whether due to alleged negligence or otherwise.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **INDEMNITY & WAIVER - UNDER 18 YEARS**

This form is to be signed by the parent/guardian of all members under the age of 18 years

I, \_\_\_\_\_ (print name of Parent / Guardian)

Of \_\_\_\_\_ (print address)

am the Parent / Guardian of (print name/s) \_\_\_\_\_

And I agree that he/she have my permission to compete/exhibit at any APHA Inc. Show subject to the following terms and conditions: -

- ~ Agree that he/she will compete/exhibit at any APHA Inc. Show at he/she own risk.
- ~ Agree not to make any claim against the APHA Inc. for any injury or loss sustained at any Show.
- ~ Agree that he/she compete/exhibit at his/her own risk and to indemnify and keep indemnified the APHA Inc. together with any other organisation or person involved in the conduct of any Show against all claims, suits, actions or demands which may be brought in respect of any injury or other loss sustained by him/her in the course of competing/exhibiting at the Show and agree to exonerate the Committee of Management of the APHA Inc. together with any other organisation or person involved in the conduct of any Show from all responsibility and from all loss or injury to him/her whether due to alleged negligence or otherwise.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_