



APPLICATION FOR MEMBERSHIP

Please read these guidelines carefully, BEFORE completing the application form.

- Any incomplete or incorrect forms will be returned
- This form can be used to apply for NEW membership, to RENEW your existing membership and to become an ASSOCIATE member
- Only one membership application per form. Additional forms should be completed for added family members
- *Junior Membership* is for members 18 years and under. If applying for *Junior Membership*, please indicate your date of birth, in the appropriate section below
- *Associate Members* can be nominated by a current financial member of the CCSHA. An *Associate Member* is entitled to compete in CCSHA events, as well as those requiring membership with a breed society. *Associate members* have NO voting rights and are NOT entitled to register a horse or stud prefix/suffix in their name
- The membership year runs from the 1st July to the 30th June
- A *Joining Fee* of \$10 is payable for all NEW membership applications or for those that have lapsed for a period of more than 12 months
- A *Processing Fee* of \$10 is payable for applications completed via post or email. This does NOT apply to membership applications that are completed on-line, via the CCSHA website. If you are completing a horse registration and / or a transfer at the same time as your membership application, you are only required to pay ONE processing fee of \$10

The fees for membership are as follows;

- Annual Full Membership = \$50.00
- Annual Junior Membership (18yrs and under) = \$25.00
- Annual Associate Member = \$25
- Joining Fee (applies to all new memberships) = \$10.00
- Processing Fee (applies to applications via post or email) = \$10.00
- Family Memberships are capped at \$120.00

APPLICATION FOR MEMBERSHIP

MEMBERSHIP TYPE (please select from the following options)											
I am a: <input type="checkbox"/> RENEWING member <input type="checkbox"/> NEW member <input type="checkbox"/> JUNIOR member <input type="checkbox"/> ASSOCIATE member											
Member No. (if known)											
MEMBER'S DETAILS											
Title	(Circle one) Dr / Mr / Ms / Mrs / Miss										
Full Name											
Address											
Suburb											
Postcode	State		Date of Birth (juniors only)								
Email											
Home Phone		Mobile Phone									
NOMINATING MEMBER'S DETAILS (FOR ASSOCIATE MEMBERSHIPS ONLY)											
Full Name		Member No.									
PAYMENT DETAILS											
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Joining Fee for NEW members = \$10 <input type="checkbox"/> Full Membership = \$50 <input type="checkbox"/> Family Membership = \$120 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Processing Fee for applications via post / email = \$10 <input type="checkbox"/> Junior Membership (18yrs and under) = \$25 <input type="checkbox"/> Associate Membership = \$25 </td> </tr> </table> <p style="margin-top: 10px;">Payment options are as follows (please select one):</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/> Cash</td> <td style="text-align: center;"><input type="checkbox"/> Cheque</td> <td style="text-align: center;"><input type="checkbox"/> Money Order</td> <td style="text-align: center;"><input type="checkbox"/> PayPal</td> <td style="text-align: center;"><input type="checkbox"/> Direct Deposit</td> </tr> </table> <p style="margin-top: 10px;">Members who wish to pay via direct deposit, may do so via the CCSHA bank account;</p> <p style="margin-left: 20px;">Account Name: Clydesdale Cross Sport Horse Association</p> <p style="margin-left: 20px;">BSB: 033 682</p> <p style="margin-left: 20px;">Account Number: 199 942</p> <p style="margin-left: 20px;">Reference: Pleas use your full name</p> <p style="margin-top: 10px; font-size: small;">Membership applications will not be processed until full payment has been received. If you are paying by PayPal or direct deposit, you MUST attach proof of your transfer to this application. The CCSHA will not be held responsible for searching payments without remittance advice.</p>					<input type="checkbox"/> Joining Fee for NEW members = \$10 <input type="checkbox"/> Full Membership = \$50 <input type="checkbox"/> Family Membership = \$120	<input type="checkbox"/> Processing Fee for applications via post / email = \$10 <input type="checkbox"/> Junior Membership (18yrs and under) = \$25 <input type="checkbox"/> Associate Membership = \$25	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order	<input type="checkbox"/> PayPal	<input type="checkbox"/> Direct Deposit
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<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order	<input type="checkbox"/> PayPal	<input type="checkbox"/> Direct Deposit							
MEMBER'S DECLARATION											
I declare that the information given on this form is correct and if found to be incorrect, the CCSHA reserves the right to withdraw the application and reject any further applications.											
Signature		Date									