

Riding Pony Stud Book Society Ltd A Company Limited by Guarantee ACN 129 850 531 ABN 18 129 850 531

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Post Office Box 623 RICHMOND NSW 2753
Ph: (02) 4577 5530
email: general@rpsbs.com.au

NEW PARTICIPANT MEMBERSHIP APPLICATION

Participants are members who do not have horses recorded in their name and who cannot conduct transactions with the Society.

Participant members have insurance coverage for competition but not for Judging activities, RPSBS Panel Judges require Judge or Ordinary Membership.

Participant members do not have voting rights, do not receive a copy of the Annual and cannot hold office on a committee.

MEMBERSHIP NAME

Title (Mr / Mrs / Miss / Ms / Other) Surname	Given Name(s)		
Address			
	State Po	stcode	
Telephone	Mobile		
Website	Email		
If member is under 18 years of age			
a Nominee must be recorded for this member.			
The Nominee for this member is:Nominee)		(name of	
the members date of birth must be recorded// (date of birth of member under 18)			
The Parental Consent statement (over the page) must be signed by the Nominee if the Member is under 18 years of age.			
Please withhold my contact details from the online Stud Book (details will be displayed if box not ticked)			
I have previously been a member of the Riding Pony Stud Book Society Yes/No			
Membership Name Member No			
Address of previous membership			
INSURANCE DISCLAIMER			
MEMBERS 18 YEARS & OVER			
By paying this membership, I/we agree to be bound by the Rules, Regulations and By-Laws of the Riding Pony Stud Book Society Ltd.			
By signing, below I/we declare that I/we have read and understood the RISK WARNING AND WAIVER available on the RPSBS website, acknowledging the inherent risks associated with equine activities.			
Member Signature	Date		
(members 18 years & over)			

		_	YEARS OF AGE we agree to be bound by the Rules, Regulations and By-Laws of the Riding Pony Stud Book Society Ltd.	
			re that I/we have read and understood the RISK WARNING AND WAIVER available on the RPSBS herent risks associated with equine activities.	
		•	consent and have read and understood the PARENTAL CONSENT AND INDEMNITY applicable for all age, available on the RPSBS website.	
			ears of age, this form must be signed by <u>both</u> a Parent / Guardian <u>AND</u> a Nominee. ee may be the same person but must sign in both capacities.	
Paren	nt/Guardian Sig	nature	Date	
Nomir	nee Signature _.		Date	
Addre	ess of Nominee	·	Phone number	
Email	address of no	minee		
FEES	3 - Membersh	nip vear d	commences on 1 July. All fees are GST inclusive	
Partici	Participant Member \$ 30.00		Participants are members who do not have horses recorded in their name. Participant members have insurance coverage for competition but do not have voting rights and do not receive a copy of the Annual. They cannot hold office on a Committee. A participant can ride or handle a horse but cannot register a horse in their own name. This membership does not cover Judging activities, RPSBS Panel Judges also require Judge or Ordinary Membership.	
Total I	Fees Payable	\$	See payment options below	
			TAX INVOICE – ABN: 18 129 850 531 This is your receipted tax invoice once payment has been made. Please retain a copy	
PAYM	ENT DETA	AILS - s	elect payment method:	
	Cheque: Please make cheques payable to Riding Pony Stud Book Society Ltd			
	BSB: 012-482 Account No. 9018 79841 Date Deposited// Amount Deposited \$ Please use your membership name as your reference ** DO NOT DIRECT DEPOSIT WITHOUT EMAILING THIS FORM **			
	Credit Card	l:	Mastercard Visa Visa	
	Card Number	er:	CVV Expiry Date/	
	Cardholder I	Name	Cardholder Signature	
DEFI	NITIONS:		e is an authorised representative who:	

Completed Memberships can be sent via mail or email to:
Riding Pony Stud Book Society Ltd
Post Office Box 623, RICHMOND NSW 2753
Email: general@rpsbs.com.au

Is responsible for and acts on behalf of the membership category for which it relates.

Holds the voting rights; and

COMPLETED FORM MUST BE RETURNED TO THE NATIONAL OFFICE FOR THE MEMBERSHIP TO BE FINANCIAL (FOR INSURANCE PURPOSES).