



**LIPIZZANER ASSOCIATION OF AUSTRALASIA
MEMBERSHIP SUBSCRIPTION**

1 July 2016 - 30 June 2017

Membership requires the membership form to be completed and payment to be made in full.

Section 1: Member Details

I/We wish to join renew membership of the Lipizzaner Association of Australasia.

Name/s: _____

Address: _____

Suburb: _____

State: _____ Postcode: _____

Postal Address: _____

Tel: _____ Mobile: _____

Email: _____

Website: _____

Property Identification Code (PIC): _____

Stud Name: _____

Section 2: Horse Details

Do you own and/or lease a Lipizzaner Mare Stallion Gelding
 Part-bred Crossed with: _____
 N/A

Please write the number of horses owned and/or leased in the relevant box above.

Section 3: Agreement

I agree to abide by the Constitution, Rules, Regulations and Code of Conduct of the Association, which I have read and understood.

(Copies available via LAA Website or via LAA Secretary. Please request copies if required).

Signed: _____

Date: _____

Signed: _____

Date: _____

Section 4: Payment Details:

Type of Membership

Enclosed is the sum of (please tick)

- \$120 Full Membership (for owners of purebred breeding horses)
- \$150 Family Membership* (for owners of purebred breeding horses)
- \$75 Membership (for owners of purebred geldings and/or partbreds)
- \$90 Family Membership* (for owners of purebred geldings and/or partbreds)
- \$25 Associate Membership (for non horse owners)

*Family membership includes 2 or 1 adult/s with or without children. Subsequent adults may take out Associate Membership

Payment Options (please tick)

- Cheque enclosed Payable to *Lipizzaner Association of Australasia*

- Direct Deposit: BSB: 082 – 738 Account Number: 54 811 4839
Please include your surname as the deposit reference.

- Cash payment: Paid to: _____
Date paid: _____

Section 5: Member Dangerous Activity Acknowledgement

Please complete the Member Dangerous Activity Acknowledgement for insurance purposes.

In consideration for being permitted to participate in any way in horse sport activities and/or other horse related events, I, the undersigned, understand, acknowledge and accept that:

Horse sports and events 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/event 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 and/or the event premises **NO MATTER** where that may occur.

I agree to wear an approved helmet at all times during any riding activity and acknowledge this is a mandatory requirement of the Lipizzaner Association of Australasia. I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and fully understand its terms and sign it freely and voluntarily.

I confirm I am a fully financial and current member of the Lipizzaner Association of Australasia.

Full Name: _____

Address: _____

Suburb: _____ Date of Birth: _____

Dated: ___/___/___ Signature: _____

For Participants of Minority Age (Under Age 18)

This is to certify that I, as a parent/guardian with legal responsibility for the above 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.

Name of Guardian: _____

Dated: ___/___/___ Signature of Guardian: _____

Guardian's Telephone Number: _____

- Checklist:**
- Application signed and completed
 - Waiver signed
 - Payment made

Please keep a copy of this form for your records as a receipt

Post or email application to: LAA Secretary, PO Box 228 Bungendore NSW 2621

nikki.harding@hotmail.com

Thank you for your membership.

The LAA is staffed by volunteers across Australia. We appreciate your patience while we process your documents.

| | | |
|-------------------------|-------------------|-----------------|
| Office Use Only: | Date Paid: | Payment Method: |
| | Amount: | |
| | Agreement signed: | Waiver signed |