

Membership Application

WAQHA Membership runs from the 1st of August to 31st July each year.



We are a non-profit organisation, run for the benefit of members. Our group of dedicated horse lovers, aim to promote, foster, and encourage the development of the Australian Quarter Horse in the state of Western Australia. We are affiliated with the Australian Quarter Horse Association and with their assistance we aim to develop public interest in this wonderful breed of horse Australia wide.



Please complete and return the Membership Application and Signed Waiver Form and return along with your proof of payment to wqha@outlook.com.au.

The WAQHA hold various membership types. Below is a description of each: -

- ❖ **FULL MEMBERS**- shall be natural persons who have paid the Subscription. Each Full Member shall have one (1) vote. Any show points gained at approved AQHA shows held in WA will be collated towards our end of year awards.
- ❖ **FAMILY MEMBERS**- shall be a family of two adults and two youth members who have paid the Subscription. Each Family Member shall have full riding rights, and each adult Family Member shall have one (1) vote. Nominated Family Members who gain show points at approved AQHA shows held in WA will have them collated towards our end of year awards.
- ❖ **"YOUTH MEMBERS"** shall be natural persons up to and including the age of eighteen (18) years as of the 1st of August, who have paid the Subscription. Youth members shall be eligible to attend and speak at meetings but shall not be entitled to vote. Any show points gained at approved AQHA held in WA shows will be collated towards our end of year awards.
- ❖ **"ASSOCIATE MEMBERS"** shall be natural persons, corporations, societies, or associations, whether incorporated or not, who or which have paid the Subscription. Associate Members shall be eligible to attend and speak at meetings but shall not be entitled to vote.
- ❖ **"CONSTITUENT MEMBERS"** shall be corporations, societies, and associations, whether incorporated or not, who or which have paid the Subscription. Each Constituent Member shall have one (1) vote and each corporation, society or association being a Constituent Member shall appoint a representative by memorandum in writing addressed and delivered to the Secretary of the Association. Such representative shall have and may exercise full membership rights until such time as his appointment be cancelled by memorandum in writing addressed and delivered to the Secretary by the corporation, society or association which nominated him.
- ❖ **"HONORARY MEMBERS"** shall be natural persons elected by a two-thirds (2/3) majority of Committee members present and voting at a Committee Meeting, without payment of fees, PROVIDED THAT seven days prior notice has been given of such proposed election. Each Honorary Member shall have one (1) vote. Honorary membership shall be for such term as is specified on election by the Committee. The Committee may appoint no more than one (1) Honorary Member each two (2) years, and there shall be no more than three (3) Honorary Members at any time.
- ❖ **"LIFE MEMBERS"** shall be natural persons who have paid the Subscription. Life membership shall be for a period of twenty (20) years. Each Life Member shall have one (1) vote. Any show points gained at approved AQHA shows held in WA will be collated towards our end of year awards.
- ❖ **"INTRODUCTORY MEMBERSHIP"** shall be natural persons who have paid the Subscription. Each Introductory Member shall have one (1) vote. This category is for those who have never been a member of the WAQHA and for those who have not been a member of the WAQHA for over 5 years. Any show points gained at approved AQHA shows held in WA will be collated towards our end of year awards.
- ❖ **"COMMITTEE MEMBER"** shall be natural persons who have paid the Subscription and voluntarily serve as a WAQHA Committee Member. Each Committee Member shall have one (1) vote. Any show points gained at approved AQHA shows held in WA will be collated towards our end of year awards.



MEMBERSHIP APPLICATION

Adult (1) Name: _____

Adult (2) Name: _____

Youth (1) Name: _____ Date of Birth: ___/___/___

Youth (2) Name: _____ Date of Birth: ___/___/___

Address: _____

_____ Post Code: _____

Phone #: _____ Email Address: _____

AQHA Membership Number(s): _____

Membership period is from 01 August, expiring 31 July each year.

See membership descriptions over page.

Apply to become a:

- Full Member - \$90.00 per year
- Constituent Member - \$90.00 per year
- Family Membership (2 x adults, 2 x youth) - \$150.00 per year
- Youth Member (18yrs & under as of 1st Aug) - \$40.00 per year
- Introductory Membership - \$80.00 per year
- Associate Member - \$60.00 per year
- Committee Member (must serve full 12 months) - \$60.00 per year
- Life Member (valid for 20 years) - \$1440.00

Payment can be made via EFT or Money Order.

WAQHA BANK DETAILS: BSB: 306-041 | ACCOUNT #: 4196615.

Please use your last name & 'membership' as a reference. Money Order made payable to the WAQHA.

Fee Enclosed \$ _____ | / we agree to abide by the Constitution, Rules and Regulations of the West Australian Quarter Horse Association (Inc).

Name of the Nominee: _____ (For Constituent/Youth Memberships)

Signature: _____ (Parent or Guardian to sign for Youth)

Date: _____

<i>OFFICE USE ONLY:</i>	<i>Receipt No. :</i>	_____
	<i>Membership No.:</i>	_____
	<i>Card Issued :</i>	_____
	<i>Emailed :</i>	_____



LIABILITY WAIVER FORM - EXCLUSION OF CERTAIN RIGHT TO SUE

By signing this form:

1. I understand and acknowledge that all aspects of handling, working with and in the vicinity of and riding horses is a dangerous activity and that horses can act in a sudden and unpredictable manner at any time.
2. I acknowledge that any person participating in the Event/Function is only allowed to do so on the distinct understanding that they do so at their risk.
3. I acknowledge that participating in the Event/Function may involve a real risk of serious injury or even death from various causes. I accept all risks necessarily flowing from participating in the Event/Function.
4. I acknowledge that the WAQHA relies on the information provided by me and state that all such information is accurate and complete.
5. I acknowledge the difficulties of participating in the Event/Function and warrant that I am physically fit to participate in the Event/Function and that I have not been advised otherwise by a qualified medical practitioner.
6. I acknowledge that I must disclose any pre-existing medical or other condition that may affect the risk that either myself, or any other person will suffer injury, loss, or damage.
7. I acknowledge that it is a condition of participating in the Event/Function that I follow the instructions of the WAQHA, and any person directly or indirectly always associated with the Event/Function.
8. I indemnify and keep indemnified the WAQHA and any person or body directly or indirectly associated with the Event/Function from all claims, demands and proceedings arising out of or connected with a failure by me to comply with rules and/or directions given to me by the WAQHA, and any person or body directly or indirectly associated with the Event/Function.
9. I indemnify and keep indemnified the WAQHA and any person or body directly or indirectly associated with the Event/Function against all claims made by any other person for injury or damage howsoever caused arising out of participation in the Event/Function, whether due to any negligent act, breach of duty, default and/or omission on the part of the WAQHA and any person or body directly or indirectly associated with the Event/Function, or otherwise.

Furthermore I/we disclose that I have read and agree that the liability of the WAQHA & Australian Quarter Horse Association for any death, personal injury (as defined in the Fair-Trading Act 1999) or damage to property that may be suffered by me (or a person from whom, or on whose behalf, I am acquiring the services) resulting from the supply of recreational services is excluded.

I agree to abide by the Regulations of the Federal and State Government regarding Covid-19 and any additional rules and recommendations that have been implemented by the WAQHA/AQHA.

I ACKNOWLEDGE THAT I HAVE READ THIS FORM OR THAT IT HAS BEEN EXPLAINED TO ME. I FULLY UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE SIGNED THE DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature of individual Person applying for this membership, the Nominees signature for a Constituent Membership or the Parent/Guardian signature for a Youth Application

Signature:**Print name in full**.....

Date:

Signature of Parent or Guardian (if under 18).....**Date**.....



REGISTERED QUARTER HORSE DETAILS

Please provide the following information on any Quarter Horse you Own/Lease and intend showing, to assist this Association in collating points, etc.

Horses Name: _____

AQHA Reg No.: _____ Sex: _____ DOB: ___/___/___

Owned / Leased (circle) Owner AQHA Membership No. _____

Horses Name: _____

AQHA Reg No.: _____ Sex: _____ DOB: ___/___/___

Owned / Leased (circle) Owner AQHA Membership No. _____

Horses Name: _____

AQHA Reg No.: _____ Sex: _____ DOB: ___/___/___

Owned / Leased (circle) Owner AQHA Membership No. _____

Horses Name: _____

AQHA Reg No.: _____ Sex: _____ DOB: ___/___/___

Owned / Leased (circle) Owner AQHA Membership No. _____

Horses Name: _____

AQHA Reg No.: _____ Sex: _____ DOB: ___/___/___

Owned / Leased (circle) Owner AQHA Membership No. _____
