



**MEMBERSHIP APPLICATION & DECLARATION  
WORKING EQUITATION FNQ  
2022**

**WEDUI AFFILIATE CLUB**

Full Name:		Date of Birth:	
Postal Address:			
Residential Address:			
Telephone: Home	Mobile:	Work	
Email			
Emergency Contact Details: Name:		Phone Numbers:	
Address:			
Relationship:			
Do you hold personal accident insurance? If so, please provide details:			
Medicare No: Reference number on Medicare card Expiry Date:		Doctor: Address: Phone:	
Please indicate your level of riding experience and/or qualifications:			
Why would you like to join WEFNQ?			
What are you able to help the club with?			
What do you hope to achieve?			
What are your expectations?			

Do you, or have you ever suffered from any illnesses or allergies?
If yes, give details:
Do you have any medical conditions that may require a health management plan?

If yes, give details of condition and plan:

Have you had, or do you have?	Yes	No		Yes	No
Epilepsy			Hepatitis A		
Hepatitis B			Diabetes		
Asthma/Bronchitis			Hernia		
Concussion			Any other neurological disorder?		

If yes, give details of condition and plan:

MEMBERSHIP FEES	WEFNQ	Club	Paid
Family (please complete under 18 Waiver for all children)	\$120		
Individual Member	\$80		
Junior Rider (Under 18) Must have Adult Member/Guardian Present	\$50		
Lead Line Member (must be accompanied by adult member at all times)	\$20		
Non-Riding Member (eg accompanying adult)	\$20		
<b>EVENT MEMBERSHIP--COVERS FOR THIS EVENT ONLY- \$30 Single Adult / Child (under 18) \$10 / Family \$50 (Please Circle)</b>	\$		
<b>Event members can upgrade to full membership within 10 days</b>	Total Paid		\$

Payment can be made by cash or direct deposit to the bank account below. Please provide copy of the receipt of deposit or funds transfer.

**Account Name:** Working Equitation FNQ  
**BSB:** 633-000  
**Account:** 1466 55873

*Email: [workingequitationfnq@gmail.com](mailto:workingequitationfnq@gmail.com)*

### **Application & Declaration**

I hereby apply to become a member of the above-named incorporated association. In the event of my admission as a member I agree to be bound by the constitution of the association for the time being in force.

I declare that I am and must continue to be medically and physically fit and able to participate in any Working Equitation activity. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify **WEFNQ** in writing through my club of any change to my fitness and ability to participate. I understand and accept that **WEFNQ** will continue to rely upon this declaration as evidence of my fitness and ability to participate.

I warrant that all information provided is true and correct

Sign: \_\_\_\_\_

PLEASE NOTE: All membership applications are subject to acceptance by WEFNQ

Acceptance:

I am obliged to abide by the rules, regulations, by-laws and Codes of Conduct of Working Equitation FNQ Inc.  
I also understand that by becoming a member I may be the subject of disciplinary action should I fail to abide. In the case of emergency, I may be provided first aid and/or transported for medical assistance. In the case of Emergency Veterinary help may be obtained for my horse at my expense.

Sign: \_\_\_\_\_

Do you give permission for images or video taken at any Working Equitation FNQ event to be used by Working Equitation FNQ for publicity purposes? YES/NO (Please Circle)

Comments \_\_\_\_\_

Sign: \_\_\_\_\_

Agreement:

I have read, understood and agree to honor and uphold the ideals WEFNQ and to abide by any instructions as directed by its representatives. I understand and accept that inappropriate behaviour (as deemed by the Committee of WEFNQ) can and may result in termination of my membership.

Sign: \_\_\_\_\_

#### Dangerous Activity Acknowledgement

In consideration for being permitted to participate in any Working Equitation event, I understand, acknowledge and accept that: handling and riding horses is a dangerous activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt and that there here 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 Working Equitation event or activity.

I agree to follow the directions of any event organizer or official and that any misconduct or refusal by me to follow any direction of any organizer or official can result in the cancellation of my membership and participation in the activity and my immediate removal from my horse.

I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and fully understand its terms and sign it freely and voluntarily.

Sign: \_\_\_\_\_