



**MEMBERSHIP APPLICATION & DECLARATION
WORKING EQUITATION FNQ
2024 to 2030**

VALID YEAR 202

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		
EVENT MEMBERSHIP—COVERS FOR THIS EVENT ONLY— \$30 Single Adult / Child (under 18) \$10 / Family \$50	\$		
Event members can upgrade to full membership within 10 days	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

Account: 1466

55873

BSB: 633-000

Email: 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 and must not be a danger to myself or to the health and safety of others. I will immediately notify **WEFNQ** in writing through any change to my fitness and ability to participate. I understand and accept that **WEFNQ** will continue to rely upon this 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

Application accepted by WEFNQ Club: -----

