

Dilutes Australia Ltd

A.B.N. 17 081 316 994 / A.C.N. 081 316 994

APPLICATION FOR MEMBERSHIP

I/We hereby apply for membership of Dilutes Australia Ltd and agree during the period of my/our membership to abide by and be bound by the Constitution, Rules and Regulations of the Association. Any person may be admitted to membership of the Company upon application in such form as the Board may prescribe. **Acceptance of this application is subject to Board and Branch approval.**

The **POWER OF ATTORNEY** section at the bottom of the page **MUST BE COMPLETED FOR ALL MEMBERSHIP TYPES** except ASSOCIATE. Please read **CAREFULLY** before completing & signing. **A JUNIOR (17 years & under) owning a mare or stallion must pay FULL membership and must nominate a guardian who shall have all voting rights on their behalf***. Any member wishing to resign this membership shall do so by notice in writing to the Federal Secretary. **JOINT/FAMILY/STUD MEMBERS PLEASE NOTE:** All horses registered to the membership shall be registered to the joint details as listed below.

Single/Junior Mare or Stallion Owner / Joint / Family / Stud

Junior Gelding Owner

Associate

See fee schedule for current fees.

Please indicate membership type by ticking the appropriate box

\$10 NEW MEMBER joining fee applies to all NEW members

No voting rights;*must have a nominated Guardian

No voting rights; may not own a Dilutes Australia registered horse

SURNAME:

Mr/Mrs/Ms/Miss (delete whichever is not applicable)

Membership will be listed under this name. **This person shall also hold the voting rights for Single/Joint/Stud/Family memberships.**

GIVEN NAME/S:

SIGNATURE:

NOW PLEASE SIGN POWER OF ATTORNEY SECTION BELOW OR FORM WILL BE RETURNED TO YOU.

*Name of guardian for Junior Gelding Owner/Junior Mare or Stallion Owner. (Must be completed)

NAME:

SIGNATURE:

Name/s of other members if Joint/Family/Stud membership.

NB: If surnames differ, not all names may appear on the membership certificate or on horse's registration certificates due to space constraints.

NAME:

SIGNATURE:

NAME:

SIGNATURE:

NAME:

SIGNATURE:

POSTAL ADDRESS: (All mail will be forwarded to this address)

State:

Post Code:

TELEPHONE:

(Area Code)

(Number):

EMAIL:

TRANSFER INFORMATION – to be completed when a registered horse or pony is being transferred to this membership and the registration certificate is not attached: _____

(Name of horse or pony to be transferred)

POWER OF ATTORNEY - THIS SECTION MUST BE COMPLETED.

Must be completed and signed by the person/s **within** the membership who hold POWER OF ATTORNEY. These persons must be over the age of 17 years and must be listed above as being part of a Joint/Family/Stud membership OR as the guardian for a Junior Gelding/Junior Mare or Stallion Owner membership. The company will take all instructions regarding the membership and ownership of horses registered to the membership from this/these persons. **Please note: DA Ltd registration certificates DO NOT provide proof of legal or beneficial ownership of any horse but simply contain information provided to the company for the purposes of the company's records.** Transfers etc must be signed by all parties listed below.

NAME:

SIGNATURE:

NAME:

SIGNATURE:

Application to be returned to:

Qld, NT, NSW, ACT, Vic, Tas, SA:

General Secretary
57 Old Toowoomba Rd
ONE MILE QLD 4305

WA:

The Registrar
PO Box 142
MUCHEA WA 6501

OFFICE USE ONLY

Mem. No: _____ Receipt: _____

Received: ___/___/___ Approved: ___/___/___

Now please read the Show Participant's Disclaimer Statement – the person signing this statement will not be required to sign similar forms at any DA Ltd run fixture during the current year.



Show Participants Disclaimer Statement

CLUB: Dilutes Australia Ltd & its state branches
ADDRESS: C/- PO Box 142, MUCHEA WA 6501
EVENT: Any official company fixture (hereafter referred to as the "EVENT")

I acknowledge and agree as a condition of participating that neither the Club, participants, EFA and its state bodies or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT shall be under any liability for my death or any bodily injury, loss or damage, which may be sustained or incurred by me, as a result of participation in or being present at the event, except in regard to any rights I have arising under the Trade Practices Act 1974.

I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage can, and do, happen.

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER.

Print Name Here _____ Sign Here _____

DATED THIS _____ DAY OF _____ 2008

PARENT/GUARDIAN CONSENT FOR PARTICIPANTS UNDER 18 YEARS OLD

I, _____ being the parent/guardian of the below named,
_____.

Confirm that I have read the whole of this document and have taken all necessary actions to ensure I am aware of the activity which, the above named will be asked to participate in and consent to him/her participating. In doing so, I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability, and property damage can and do happen. I agree that neither the club, participants, EFA and its state bodies or any subdivision thereof, officials, volunteers, medical personnel, and persons promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT shall be under any liability whatsoever for the death or any bodily injury, loss or damage which may be suffered or incurred by the above named or by me in or being present at the EVENT except for any rights the above named or I may have arising under the Trade Practices Act 1974 (Commonwealth) or similar State legislation.

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER.

NAME (BLOCK LETTERS PLEASE)

SIGNATURE HERE PLEASE

DATED THIS _____ DAY OF _____ 2008