

# SOUTHSIDE WESTERN PERFORMANCE CLUB INC

Incorporated under the Incorporation Associations Act of 1981 and Associations Incorporation Regulation 1999

## Membership Application

Membership #..... (Office use only)

(1 August – 31 July) 2022 - 2023

**Applicant(s) Name** (please provide date of birth for youth under 18)

..... DOB: .....  
..... DOB: .....  
..... DOB: .....

**Address** .....

Postal Address (if different from above) .....

Email .....

Phone (H) .....(M) .....(W) .....

Occupation .....

Registered Horse Name	Association ie AQHA	Owners Membership No.	Horse Rego No.

- Fees:**
- Family - Husband/Partner, Wife/Partner & 2 children** **\$55**
  - Each Additional Child** **\$ 5**
  - Single Adult** **\$40**
  - Social Member** **\$15**
  - Youth – 18 years of age and under** **\$20**
  - Youth - under 6** **FREE**

**By signing this form and paying the required fee,** I agree to abide by the Constitution and the Rules & Regulations of the Southside Western Performance Club Inc (SWPC) and the Australian Quarter Horse Association (AQHA), as amended from time to time. Furthermore I disclose that I have read and agree that the liability of the SWPC and the AQHA for any death or personal injury (as defined in the Fair Trading Act 1999) 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.

Further, that if any person, other than the member mentioned in this Renewal, is to have the authority to sign documentation on behalf of this membership, then a current Signatory Authorisation Form must be lodged. This form can be downloaded from the AQHA website and no fee is payable to lodge the form

**Signature:** ..... Date: .....  
(if under 18yrs of age a guardian must sign)

Nominated by ..... Date: .....

Seconded by ..... Date: .....

**I/We wish to help out at: -Shows - Trail set up - Steward - Gate Marshall - Announcer - Canteen (please circle)**

**Do you have a current First Aid Certificate – Yes / No**

**MEMBERS PARTICIPATE IN ALL EVENTS AT THEIR OWN RISK**

<b>Authorisation</b> As a member of the SWPC I consent to the use of my name, photo/s & information given by me to the association for publication in advertising, articles, magazines, websites & printed material. Please tick the applicable box    Yes <input type="checkbox"/> No <input type="checkbox"/>	As a member of the SWPC I consent to my name & address being given to sponsors and/or members of the association. Please tick the applicable box    Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Email to:** secretaryswpc@hotmail.com

**Bank Details:** Commonwealth Bank BSB: 064-400 Account Number: 1033 6922