



Connemara Pony Breeders' Society of Australia Incorporated

PO Box 245, Campbell ACT 2612 Phone: 02 62733351 / 0439150520

email: cpbsaus@gmail.com

New Membership Application

Tick one

- Full Member – Family (\$100)**
Receive e-bulletins and Journal, may register ponies, have prefix, brand and full voting rights (one per membership).
- Full Member – Single (\$80)**
Receive e-bulletins and Journal, may register ponies, have prefix, brand and full voting rights.
- Associate Member (\$60)**
Receive e-bulletins, may transfer ponies. Cannot register ponies, prefix or brand and have no voting rights.
- Friends of the Connemara Pony Member (\$25)**
Receive e-bulletins. Cannot register ponies and have no voting rights.

I/we declare that I/we am/are desirous of becoming a member of the above Society, and agree, when elected, to pay an initial Joining Fee of \$25 and the Annual Subscription. I/we agree to comply with the Rules and Regulations of the Society and will not engage in conduct prejudicial to the interests of the Society. (See section 8 of the Constitution). I/we have read and understood the Liability Waiver included in this application form, acknowledging the inherent risks associated with equine activities. By signing this agreement I/we understand that the Recreational Services mentioned in this form may cause me/us and/or my/our dependants' personal injury or death. I/we understand that I/we and my/our dependants waive our rights to sue the Provider for losses relating to me/us and/or my/our dependants' personal injury or death that results from any negligence caused by the Provider.

PLEASE PRINT

Membership Name: _____ Number included if family membership _____
[Family name followed by Stud Prefix – if any]

The nominee is the person responsible for signing all documents and must be over 18 years of age.

Nominee Name: _____ Signature: _____
[First name and Family name] Tick if under 18

Member Name: _____ Signature: _____
[First name and Family name]

Member Name: _____ Signature: _____
[First name and Family name]

Member Name: _____ Signature: _____
[First name and Family name]

Member Name: _____ Signature: _____
[First name and Family name]

I/we authorise the Society to release all details to enable people to contact me for information. YES
 I/we further authorise the Society to print such details as name, address, email address and Stud Prefix and Brands in society publications including electronic media such as Society Web Site. NO

- Enclosed is a cheque/money order made payable to CPBSA Inc
- or
- Payment has been made to BSB: 105 136 Account No: 520974440 on20.....

OFFICE USE ONLY

Date Received: _____ Receipt No: _____

Connemara Pony Breeders' Society of Australia Incorporated

Please complete membership name, postal and/or residential address and other contact details where indicated below.

To ensure the Society records are correct please notify the Secretary of any future changes.

Membership Name

(Prefix must be registered with the Society prior to use as a membership name)

Membership Name _____
[Family name followed by Stud Prefix – if any]

Nominee Name _____
[Title (Dr, Mrs, Mrs, Miss, Ms), Initials, (First name), Family name]

Address

Postal _____
[Postal address, City/town, State, Postcode]

Residential _____
[Residential address, City/town, State, Postcode – only if different to postal address]

Contact Details

Phone (AH) _ _ _ _ _ _ _ _ _ _ _ _ _ Facsimile _ _ _ _ _ _ _ _ _ _ _ _ _

Phone (BH) _ _ _ _ _ _ _ _ _ _ _ _ _ Mobile _ _ _ _ _ _ _ _ _ _ _ _ _

email _____

WAIVER FORM – EXCLUSION OF CERTAIN RIGHTS.

The purpose of this agreement is to limit the liability of the Provider for any personal injury or death however caused to the Member, hereafter called "Participant", and other people in the care and control of the Participant who signed this form as acknowledgment of the terms and conditions of this agreement. By signing this form you are waiving your rights to sue the Provider for losses relating to personal injury or death.

The participant acknowledges that during all times while he or she is attending the recreational activity he or she does so at his or her own risk and that the Participant and other people in the care and control of the Participant will not hold the Provider or any of its employees or agents liable for any personal injury or breach of contract whether caused by the negligence of the Provider its employees or agents howsoever caused.

Description of Recreational Services: All horse related activities including seminars, demonstrations, ridden, harness and in-hand events run by The Connemara Pony Breeders' Society of Australia Incorporated or Activity Groups within the Society.

Name and address of Provider

CONNEMARA PONY BREEDERS' SOCIETY OF AUSTRALIA INC., PO BOX 245, CAMPBELL ACT 2612.

I certify that all of the above information is current and correct and that I have read and understood the Liability Waiver.

Signature of Nominee _____

Name of Nominee _____