



# NATIONAL BUCKSKIN SOCIETY & DILUTES (INC)

ABN 49 716 775 039. Inc. in Victoria, Reg. No A0006358W

## NEW MEMBERSHIP

### 1<sup>st</sup> JULY 2023 – 30<sup>th</sup> JUNE 2024

**NOTE: Fee for NEW MEMBERSHIP for 2023/24 is \$60, PLUS the Compulsory AFFILIATION Fee of \$10/member.**

I/We hereby apply for membership with the National Buckskin Society & Dilutes Incorporated (NBS) for the period 1st July, 2023 to 30th June, 2024 and I/We hereby agree to pay the appropriate fees, support the purposes of the Society and abide with and be bound by the Rules of the Society, as set out in the Rules and in the Regulations and the NBS Members Code of Conduct made thereunder

☐ I give permission for any photos taken of me, the persons listed below on this form and my horses at NBS activities to be used for any NBS promotional purposes (e.g. Newsletter, Website, Facebook).

The NBS sends information (NEWSLETTER, Show Programs or Notifications) to members electronically (e.g. email).

☐ If you need to receive this information by mail, please place 'Y' in the check box at the start of this line.

#### **Please Note – before returning this form –**

- Fill in the details below regarding the Membership and **ALL** of the Members connected to that membership.
- **NOMINEE** - receives all correspondence, signs all relevant documentation & has voting right for full membership.
- Mark the 'check boxes' above regarding photos and emails, then Sign & Date this form where required below.
- Complete the **AHSA "RELEASE AND WAIVER OF LIABILITY"** Form for each person that is on Page 2 (or on the back of this form).
- All members **MUST** pay an AHSA Affiliation/Insurance Fee of \$10 for **each person** – this is **in addition** to the Membership Fee.

This .pdf form may be completed with a **Fill & Sign** process

### **MEMBERSHIP and NOMINEE DETAILS**

MEMBERSHIP NAME \_\_\_\_\_ M/ship No TBA

NOMINEE: FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWNSHIP \_\_\_\_\_ STATE \_\_\_\_\_ P.CODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

Email \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

**NOMINEE SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

### **MEMBERSHIP & MEMBER (Including Affiliate Member) Details and FEES**

MEMBERSHIP TYPE (Single, Joint or Multiple, etc.)	MEMBERSHIP NAME (must be the same name as the Registered Owner for any horses registered with the NBS)	FEE(\$)
	Same as above	<b>60</b>

Member Type & M/ship No. (Member, Associate, Affiliate etc.)	(ALL) MEMBER NAME(S)	Age (If U 18)	AHSA M/ship No.	Affil.n Compulsory
TBA	(Nominee)			<b>10</b>
				+
				+
				+
				+
				+

**Direct Deposit (EFT)** NBS A/c **Bendigo Bank – BSB No. 633 000, A/c No. 183 238 617** **TOTAL \$**

(This is the preferred method). For Reference/Description on your transaction, please use **"M SHIP & your name"**

**Cheques** made payable to the **National Buckskin Society (Inc.)**

**Please check the details and return this signed form and the AHSA Waiver forms to:**

**NBS Membership Co-ordinator:** email to **Graham Brookes, - [graham@nbs.org.au](mailto:graham@nbs.org.au)**

**OR post to** **Graham Brookes, 32 / 89 Galloway Drive, MERNDA, VIC, 3754**

#### **Additional Notes:**

- Only NBS Registered horses and current financial Members are eligible to compete in NBS Buckskin & Other Classes at Shows
- An Associate Member is a member under 18 years of age, but has NO voting rights. A parent/guardian must be listed as the Nominee and must be an Affiliate Member associated with this Membership. This Nominee also has NO voting rights.
- An Affiliate Member is any person that has an affiliation with an existing NBS membership – e.g. a child, family member or assistant etc. An Affiliate member must not vote, nor are they eligible to own, transfer or lease a horse registered with the NBS
- If any person is below the age of 18 years at the start of this year of membership (July 1, 2023), please include the age of that person (as at July 1, 2023) beside their name.
- If you are a Member of Arabian Horse Society of Australia (AHSA), please provide your AHSA Membership No. above.

**Payment Type** – Cheque ..... M/Order ..... Direct Deposit ..... Cash ..... (Please tick)

Date Rec.d: \_\_\_\_/\_\_\_\_/2023/24 Receipt No: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Reference No \_\_\_\_\_

**OFFICE USE**

Received By (committee PLS PRINT): \_\_\_\_\_

S/S \_\_\_\_\_ Index \_\_\_\_\_ Card \_\_\_\_\_ Post \_\_\_\_\_ W/P \_\_\_\_\_ AHW \_\_\_\_\_

NBS Inc FORM 101N V4 (010723)



**The Arabian Horse Society of Australia Ltd.**  
ABN 12 001 281 590

Street Address: Unit 12, 40 Bowman Street RICHMOND NSW 2753  
Postal Address: Post Office Box 415 RICHMOND NSW 2753  
Telephone: 02 - 45775366 Email: office@ahsa.asn.au  
Website: www.ahsa.asn.au

**Affiliate Organisation of AHSA – NATIONAL BUCKSKIN SOCIETY & DILUTES Inc. (NBS)**  
ABN 49 716 775 039, Incorporation Registration No. A0006358W

## Release and Waiver of Liability

In consideration for being permitted to participate in any way in horse sport activities, I, understand, acknowledge and accept that:

Horse sports are a dangerous activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.

There 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 horse sports activities.

I agree to follow the directions of any event organiser or official and that any misconduct or refusal by me to follow any direction of any organiser or official can result in the CANCELLATION of my participation in the activities and my immediate removal from my horse NO MATTER where that may occur.

I agree to wear an approved helmet at all times whilst participating in the sport where this is required under the relevant AHSA rules and regulations.

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

I have read and agree to the "Waiver of Liability" above.

### FOR PARTICIPANTS OF MINORITY AGE (Under 18 Years)

This is to certify that I, as a parent/guardian with legal responsibility for this participant acknowledge, understand and accept the Waiver of Liability above and consent and agree to my minor child's involvement or participation in Horse sport activities.



I/We Accept the Terms & Conditions

**TBA**

NBS Membership Name

NBS Membership No.

NBS Member 1 Name (& Nominee)	Signature	OR	Parent/Guardian (if U18) - Signature	Date
NBS Member 2 Name	Signature	OR	Parent/Guardian (if U18) - Signature	Date
NBS Member 3 Name	Signature	OR	Parent/Guardian (if U18) - Signature	Date
NBS Member 4 Name	Signature	OR	Parent/Guardian (if U18) - Signature	Date
NBS Member 5 Name	Signature	OR	Parent/Guardian (if U18) - Signature	Date
NBS Member 6 Name	Signature		Parent/Guardian (if U18) - Signature	Date