



NATIONAL BUCKSKIN SOCIETY (INC)

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

NEW MEMBERSHIP

1st JULY 2018 – 30th JUNE 2019

I/We hereby apply for renewal of membership with the National Buckskin Society Incorporated (NBS Inc.) for the period 1st July, 2018 to 30th June, 2019 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 made thereunder.

- I give permission for any photos taken of me, the persons listed below on this form and my horses at NBS Inc. activities to be used for any NBS Inc. promotional purposes (e.g. Newsletter, Website, Facebook).
- I would prefer to receive the NBS NEWSLETTER and Show Programs or Notifications by electronic means (e.g. email).

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.

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

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

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

Direct Deposit (EFT) to NBS account at CBA – BSB No. 06 3506, A/c No. 1090 6993
 For Reference/Description on your transaction, please use **"M SHIP & your name"**

Please check/correct the details and return this form and the AHSA Waiver forms to:

NBS Membership Co-ordinator: Graham Brookes,
 32 / 89 Galloway Drive, MERNDA, VIC, 3754

Additional Notes:

- Only NBS Inc Registered horses and current financial Members are eligible to compete in NBS Inc 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 Inc. 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, 2018), please include the age of that person (as at July 1, 2018) 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)

OFFICE USE

Date Rec.d: ___/___/2018/19 Receipt No: _____ Amount \$ _____ Reference No _____

Received By (committee PLS PRINT): _____

S/S _____ Index _____ Card _____ Post _____ W/P _____ AHW _____



Affiliate Organisation of AHSA – NATIONAL BUCKSKIN SOCIETY 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

Table with 4 columns: NBS Membership Name, Signature, OR Parent/Guardian (if under 18) - Signature, NBS Membership No., Date. Rows for NBS Member 1 through 6.