



Membership Type: Adult Supporter Club Life Member Other

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| Full Name: | | |
| Address: | | |
| Suburb/Town: | | Postcode: |
| Phone Home: | Mobile: | Gender: |
| Email: | | |
| Working with Children Check* No: | | Or Application No: (if WWC Card not sent yet) |
| Other Family members in club: | | |
| Any skills or other attributes that might be useful to the club? | | |

Member Declaration

I agree to abide by the rules, regulations, policies, procedures and directives as stipulated by Pony Club Association of Victoria and Seville Pony Club Inc bylaws and rules, Competition rules and affiliated bodies. I acknowledge that horse sport is dangerous and that accidents causing death, bodily injury, disability and property damage can, and do happen. I acknowledge and agree that neither PCAV, Seville Pony Club Inc nor "the organizers" shall be under any liability for death, or bodily injury, loss or damage which may be sustained or incurred by the applicant, as a result of participation in or being present at PCAV endorsed events, except in regard to any rights I may have arising under the current Competition and Consumer Act.

I have read and agree to abide by the Club and PCAV Code of Conduct.

I acknowledge that I have read and understood the information provided in this membership form regarding Codes of Conduct and privacy.

I acknowledge that I need to provide the Club Administrators with proof of a current Working With Children Check or other higher level professional qualification* as required by Education Dept., Police & Emergency Services etc.

Signed: Date:.....

Membership Acceptance (Club Use Only)

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| Club Use: | |
| This member has Voting Rights as per the Club Model Rules/Constitution: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| In accordance with our Club Rules of Incorporation the above named individual has been accepted as a member of our Club. | |
| Signed: Date: Position: | |
| WWC Check/Police Check sighted: | Date: |
| Signed: | |