



2021/2022 AFFILIATE APPLICATION FORM

AQHA Affiliates are an extension of the Australian Quarter Horse Association, filling the needs of our members to show their horses in many equine disciplines.

AQHA Affiliates constitutions must include the following statement in their Objectives:

To promote the quarter horse in Australia

AQHA Affiliates names must include "Quarter Horse" in their name.

Your CLUB NAME: .....

Your CLUB HOME GROUNDS.....

President

Name: ..... AQHA Membership #: .....

Address: .....

Phone BH: ..... Mobile: .....

Email: .....

Secretary

Name: ..... AQHA Membership #: .....

Address: .....

Phone BH: ..... Mobile: .....

Email: .....

Treasurer

Name: ..... AQHA Membership #: .....

Address: .....

Phone BH: ..... Mobile: .....

Email: .....

Describe the programs you are developing or are considering that will appeal to Quarter Horse owners:

.....

Does your Club have facilities for Riders with Disabilities: Yes / No If yes please detail:

.....  
Describe your involvement with Youth Development:  
.....  
.....

Describe the frequency and method of communication with your members (for example Club News)  
.....  
.....

Describe your intention for membership development:  
.....  
.....

All Affiliates must have a NOMINEE – the Nominee is the person authorised by the Affiliate to sign all paperwork on behalf of the Affiliate. The NOMINEE is also entitled to attend and vote at AQHA General Meetings. If at any time the Nominee changes, the AQHA must be informed in writing from the Affiliate.

Name of Nominee: ..... AQHA Membership #: .....

Email: ..... Phone: .....

### **Contacts for your Affiliate Listing**

The following will be advertised publicly as the contact details for your Affiliate, please complete where requested:

President: Name only advertised

Affiliate Mailing address: .....

Contact for Affiliate enquiries: ..... Phone #: .....

### **The following is to be sent with this application form:**

- Copy of your Constitution
- Copy of your Certificate of Incorporation
- Completed 2021-2022 Hazard & Risk Management Plan
- Copy of your most recent Profit & Loss Statement
- Copy of your most recent AGM minutes
- Payment of \$1290.00 , 2021 -2022 AQHA Membership year
- This application form (all pages)
- List of events held by your Club

- Events:** Please attach a typed list of all events held by your Club for the 1 August 2021 to 31 July 2022 Show season.
- Events** are: Approved and unapproved shows, Beginner shows, Clinics, meetings, working bees, use of venue by your members, award nights, anything that your club has held under the banner of your club.
- Copy of the Minutes from each of your last three (3) committee meetings along with copies of your last three (3) Newsletters.

Please supply a list of **All** current members of your Club - minimum of 15 current AQHA members

NAME	AQHA MEMBERSHIP #	OFFICE USE ONLY
1.		
2.		
3.		
4.		
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14.		
15.		

## DECLARATION

By signing this form and paying the required fee, we the Applicant Affiliate agree to abide by the Constitution and the Rules & Regulations of the Australian Quarter Horse Association, as amended from time to time, and we the Applicant Affiliate understand and agree that the results of any genetic testing, generated in compliance with the Rules & Regulations of the Association, is and remains the property of the Association for its use in its absolute discretion.

Furthermore we disclose that we have read, the Risk Warning and Waiver that is available on the AQHA web site, and agree that the liability of THE AUSTRALIAN QUARTER HORSE ASSOCIATION for any death or personal injury (as defined in the Fair Trading Act 1999) or damage to any property that may be suffered by our Applicant Affiliate resulting from the supply of recreational services is excluded.

**We declare that as an Applicant Affiliate of the AQHA, we agree to adhere to the professional standards of the AQHA and to work to further its goals and objectives. To ensure the welfare of the Quarter Horse is paramount and that at all time the horse is treated with dignity, respect and compassion. To conduct all affairs in relation to an Affiliate with integrity, sincerity and accuracy in an open and forthright manner and to instil confidence among clients and the public in the Quarter Horse industry, avoiding any action conducive to discrediting it or the membership of the Quarter Horse Industry.**

We will provide events for AQHA members, we will encourage new memberships into our Applicant Affiliate and the AQHA and we will provide, where possible, programs for beginners as well as the experienced horse person, and we will maintain a membership base of at least 15 financial AQHA members. We agree to abide by the Regulations of the Federal and State Governments regarding Covid-19 and any additional rules and regulations that have been implemented by the AQHA regarding participation in any affiliate event.

We hereby declare that if our Home Ground is to change for any reason, that we will inform the AQHA immediately, and if deemed necessary, the AQHA will ask your Club to reapply for Affiliation.

This form was completed by:..... and I have read and understood the Declaration as above and agree, on behalf of the Applicant Affiliate, to all that is written in this declaration.

Position held in Club: ..... Phone #: .....

Email: .....

Signature: ..... Date: .....

<b>Direct Deposit:</b> WESTPAC BSB: 032 621 ACCOUNT: 119369 REFERENCE: Club Name
<b>Cheque:</b> Please make cheque payable to AQHA post to: PO Box 979 Tamworth, 2340
<b>Name on Credit Card:</b> ..... VISA or MASTERCARD ONLY
Credit Card #: ...../...../...../..... Expiry Date: ...../.....
Amount to be paid: ..... I hereby authorise the AQHA to deduct this amount plus applicable surcharge from my credit card
Signature of Card Holder: ..... Date: .....

**CHEQUE made payable to AQHA**

Name on Credit Card: ..... VISA or MASTERCARD ONLY

Credit Card #: ...../...../...../..... Expiry Date: ...../.....

Amount to be paid: ..... I hereby authorise the AQHA to deduct this amount plus applicable surcharge from my credit card for payment of AQHA Affiliation if accepted by the AQHA.

Signature of Card Holder: ..... Date: .....