



# The Australian Light Horse Association

**Membership Registrar**

**PO Box 7045 KARABAR NSW 2620.**

**Email To: [alha\\_membership@outlook.com](mailto:alha_membership@outlook.com)**

**Membership Year: 1st July – 30 June**

## **MEMBERSHIP APPLICATION FORM – 16 years and under 18 years**

**Membership Type: Please Tick**

Riding Member - \$100    ATA Tentpegging Riding Member - \$60    Non-Riding Member - \$100

**Full Name of applicant and of parent/guardian for applicants under 18 years**

**Applicant –**

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

**Parent/Guardian –**

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (M): \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Riding Experience (if Riding Member):**      Years: \_\_\_\_\_      Months: \_\_\_\_\_     

Experienced/Competitor       Recreational       Novice/Beginner

**Horse Details (Black, Brown, Bay & Chestnut. No Stallions or Rigs permitted):**

**Re-enactment Troop (if applicable):**

**Firearms Permit No:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Reason for application – (i.e. interest in military history etc.)**

\_\_\_\_\_  
\_\_\_\_\_

I am a member of the following organizations / related interests (if applicable):

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**Payment method:** I have made payment by – please tick box  
 Cheque/Money Order - Payable to The Australian Light Horse Assoc.  
 Direct Deposit - The Australian Light Horse Assoc. Branch: BSB 654 000 Account Number: 32006425  
**Mail To: Membership Registrar PO Box 6184 QUEANBEYAN EAST NSW 2620**  
Payment must be included with or made at time of Application

**Member Declaration**

I \_\_\_\_\_ HEREBY APPLY TO BECOME A MEMBER OF THE AUSTRALIAN LIGHT HORSE ASSOCIATION LTD.

- ✓ I agree to abide by the Rules and Regulations of the Association (Available on our website.)
- ✓ I declare that the details I have provided regarding my personal information are true and correct.
- ✓ I acknowledge that Membership does include Personal Accident Insurance.
- ✓ I understand that the Public Liability insurance only covers Members in Australia engaging in Light Horse activities. The renewal cycle for the Association is from the 1st of July to the 30th June the following year and pro rata rates do not apply. Copies of the Association magazine "Spur " will be forwarded to the above address each year.
- ✓ I acknowledge that horse sport is dangerous and that accidents causing death, bodily injury, disability and property damage can, and do happen. I acknowledge the inherent risk associated with horses and equine activities.
- ✓ I acknowledge and agree that neither ALHA 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 ALHA endorsed events, except in regard to any rights I may have arising under the Trade Practices Act or State Laws.
- ✓ I acknowledge that I have read and understood the information provided in this membership form and on the ALHA website regarding codes of conduct, training and presentation.

**APPLICANTS SIGNATURE REQUIRED HERE:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

For Applicants Under the Age 18. This is to certify that I, as a parent/guardian with legal responsibility for this applicant, acknowledge, understand and accept all of the above and consent and agree to my minor child's involvement or participation in ALHA activities.

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_

(Membership does not take effect until your subscription has been received, passed and bank cleared)

WE HEREBY NOMINATE THE ABOVE MENTIONED CANDIDATE AS A MEMBER OF THE ALHA LTD AND IN DOING SO BELIEVE THE CANDIDATE IS IN EVERY RESPECT ELIGIBLE ACCORDING TO THE RULES AND FIT FOR MEMBERSHIP

Proposer: \_\_\_\_\_ Proposer: \_\_\_\_\_

Memb No: \_\_\_\_\_ Memb No: \_\_\_\_\_

Troop: \_\_\_\_\_ Troop: \_\_\_\_\_

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

FOR OFFICE USE ONLY:	Date received:	Memb No:
Cheque /Money Order /EFT	Amount: \$	Receipt No: