



LIPIZZANER ASSOCIATION  
OF AUSTRALASIA

## Lipizzaner Association of Australasia Membership Subscription

**1 July 20**

**- 30 June 20**

**Membership requires this form to be completed and membership paid in full**

### Section 1: Member Details

I/We wish to join  renew  membership of the Lipizzaner Association of Australasia

Last Name:		First Name:	
Address		Suburb:	
State:		Postcode:	
Postal Address:			
Telephone:		Mobile:	
Email:		Website	
Property Identification Code (PIC):			
Stud Name:			

### Section 2: Horse Details

Please list Lipizzaner horses that you own and/or lease

Rego. No.	Registered Name	Sex	Purebred	Call Name

### Section 3: Agreement

I agree to abide by the Constitution, Rules, Regulations and Code of Conduct of the Association\*, which I have read and understood.

\*Copies available at [www.lipizzaneraustralia.org](http://www.lipizzaneraustralia.org) or via [secretary@lipizzaneraustralia.org](mailto:secretary@lipizzaneraustralia.org). Please request copies if required.

Signed:

Date:

## Section 4: Payment Details

### Type of Membership

Enclosed is the sum of:

- \$120 Full Membership (for owners of purebred breeding horses)
- \$150 Family Membership\* (for owners of purebred breeding horses)
- \$75 Membership (for owners of purebred geldings and/or partbred Lipizzaners)
- \$90 Family Membership\* (for owners of purebred geldings and/or partbred Lipizzaners)
- \$25 Associate Membership (for non-horse owners)

*\*Family membership includes 2 or 1 adult/s with or without children. Subsequent adults may take out Associate Membership*

### Paid via

- Cheque enclosed payable to Lipizzaner Association of Australasia
- Direct Deposit **BSB: 082 – 738 Account Number: 54 811 4839**  
Please include your surname as the deposit reference.

## Section 5: Member Dangerous Activity Acknowledgement

*Please complete the Member Dangerous Activity Acknowledgement for insurance purposes.*

In consideration for being permitted to participate in any way in horse sport activities and/or other horse related events, I, the undersigned, understand, acknowledge and accept that:

Horse sports and events 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/event 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 and/or the event premises NO MATTER where that may occur.

I agree to wear an approved helmet at all times during any riding activity and acknowledge this is a mandatory requirement of the Lipizzaner Association of Australasia. I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and fully understand its terms and sign it freely and voluntarily.

I confirm I am a fully financial and current member of the Lipizzaner Association of Australasia.

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

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

Signature: \_\_\_\_\_

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

**For Participants of Minority Age (Under Age 18)**

This is to certify that I, as a parent/guardian with legal responsibility for the above participant, acknowledge, understand and accept ALL OF THE ABOVE and consent and agree to my minor child's involvement or participation in horse sport activities.

Name of Guardian:

Signature of Guardian:

Date:

Guardian's Telephone Number:

Checklist:  Application signed and completed  
 Waiver signed  
 Payment made

***\*Please keep a copy of this form for your records as a receipt***

Please email application to: [secretary@lipizzaneraustralia.org](mailto:secretary@lipizzaneraustralia.org)



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