



**ORANGE REGIONAL  
APPALOOSA & CENTRAL  
WESTERN PERFORMANCE CLUB**

**MEMBERSHIP APPLICATION FORM**

**(1 Aug 2026 to 31 July 2027) One form PER PERSON as all members must sign an indemnity form.**

I wish to become a member a member with the ORACWPC

- Family membership \$100.00 (2 Adults (parents) + 2 Children)
- Single membership \$40.00
- Youth membership \$30.00

NAME : \_\_\_\_\_ Breed Assoc Membership #: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_ PIC: \_\_\_\_\_

Please tick any if they refer to you;

- I am an AMATEUR or AMATEUR SELECT competitor. You must provide a copy of your Association membership card as proof of eligibility.
- I am a YOUTH. Please provide Date of Birth: \_\_\_\_\_  
Legal Parent/Guardian: \_\_\_\_\_ Contact #: \_\_\_\_\_
- I am an Equestrian with Disabilities (EWD) competitor? You must provide a copy of your medical certificate and your breed association eligibility endorsement with this application.

I/We hereby agree to abide by the Constitution and Rules & Regulations of the Orange Regional Appaloosa & Central Western Performance Club. SIGNATURE HERE > \_\_\_\_\_

List Horse/s to be shown this season

Horse Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Rego Number: \_\_\_\_\_

Owner: \_\_\_\_\_ Breed Membership No#: \_\_\_\_\_

Handler: \_\_\_\_\_ Breed Membership No#: \_\_\_\_\_

Horse Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Rego Number: \_\_\_\_\_

Owner: \_\_\_\_\_ Breed Membership No#: \_\_\_\_\_

Handler: \_\_\_\_\_ Breed Membership No#: \_\_\_\_\_

Horse Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Rego Number: \_\_\_\_\_

Owner: \_\_\_\_\_ Breed Membership No#: \_\_\_\_\_

Handler: \_\_\_\_\_ Breed Membership No#: \_\_\_\_\_

*\*\* Please note all owners and handlers must be a member of the club to gain points towards end of year hi point awards.*

**PAYMENTS: DIRECT DEPOSIT:** BSB: 325185 Account #:40003663 Name: Club Account

Transaction Number: \_\_\_\_\_ Date Pd: \_\_\_\_\_

**SEND TO EMAIL:** [oracwclub@gmail.com](mailto:oracwclub@gmail.com)

or BY POST: ORACWPC, 237 Cullya Road Summer Hill Creek NSW 2800 (Please allow at least 10 days to arrive.)

**All enquiries are welcome. Please contact our PRESIDENT on (02) 63658130 or email [oracwclub@gmail.com](mailto:oracwclub@gmail.com)**



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**Member Acknowledgement**

**HORSE RIDING AND PARTICIPATION IN HORSE RELATED ACTIVITY IS DANGEROUS**

In consideration of being permitted to participate in any way in horse riding activities I the undersigned, understand, acknowledge and accept that:

Horse riding and participation in horse related activities is/are dangerous recreational activities and horses and cattle 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 participating in horse related competition or activities.

I voluntarily **PARTICIPATE** at my **OWN RISK** and assume sole responsibility for any injury, death, or property damage I may suffer that arises from my participation in horse related activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind-altering drugs before and during the activity and I take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or take drugs prohibited by law before or during any horse activity.

I agree to abide by the Rules & Regulations of the Australian Appaloosa Association and Orange Regional Appaloosa & Central Western Performance Club, and its management/organisers of the activities and that I will follow all directions of the management/organiser of the activities. My failure or refusal to do so can result in **my immediate disqualification** from the activities and the forfeiting of all fees paid in relation to the activities. I understand that any such noncompliance may result in injury, death and/or permanent disability.

I agree to wear a helmet of the currently approved Australian standard in all activities where the Rules & Regulations governing the activity require the wearing of a helmet, I am solely responsible for ensuring that I wear a suitable helmet correctly when required and take sole responsibility for my actions.

I understand that the Orange Regional Appaloosa & Central Western Performance Horse Club (inc) its Affiliated clubs and/or the Management/organizer takes due care to ensure that the venues chosen are safe and suitable, any equipment provided for the purpose of such activities is maintained in good condition and the Association's/management/organizer's staff are appropriately trained.

I further confirm I am in good health and do not suffer from any disability which will affect my ability to participate. I have had sufficient opportunity to read this document, fully understand its terms and sign it freely and voluntarily without inducement of any kind.

**Name:** \_\_\_\_\_

**Signature(s):** \_\_\_\_\_

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