

# Member Organisation Application Form

Organisation Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Role within Organisation: \_\_\_\_\_

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

\_\_\_\_\_

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

E-mail: \_\_\_\_\_

What type of events are you considering providing?

Dressage  Endurance  Eventing  Show Jumping  Other \_\_\_\_\_

**Check List** – have you completed the following: -

- Evidence of your organisation's legal status.
- An annual calendar of Equestrian events your organisation is planning to run with the estimated number of participants at each event.

**Declaration:**

Upon acceptance as a member organisation we hereby agree to be bound by and comply with ESNZ General & Veterinary Rules and Regulations and the ESNZ General Code of Conduct for Horse and Human as a member of ESNZ.

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

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

