

**APPLICATION FOR MEMBERSHIP  
AHRC QLD BRANCH**

**1. Establishment:**

Name of Establishment:.....  
Address:.....  
.....Postcode.....  
Phone: (B).....(AH).....FAX.....  
MOBILE.....  
Email:..... Web site:.....  
Proprietor.....  
Address:.....  
.....Postcode.....  
Manager/ Person in charge:.....  
Type of Establishment:.....  
Date established:.....  
Size of establishment/ property.....

**2. Instruction:**

Number of clients per session/ class.....max.....min.....  
Number of lessons per week (average.).....  
Do your classes contain adults.....children.....mixed/separate  
Average number of pupils/riders per week.....  
Number of instructors.....  
Is instruction given in basic riding?.....  
Is instruction given in advanced riding?.....  
Is instruction given in basic jumping?.....  
Is instruction given in advanced jumping?.....  
Any other form of instruction?.....  
Are any residential courses held?.....  
Are working pupils taken?.....  
Are competitions held?.....  
Describe other instruction activities.....

**3. Trail riding:**

Number of clients per group.....max.....min.....  
Size of area used for trail riding.....  
Length of rides.....max.....min.....

**4. Horses:**

- Number of school horses.....
- Are horses hired out for hacking? (i.e, unsupervised).....
- Are horses taken on agistment?.....If yes, how many?.....
- Are horses taken for schooling?.....

**5. Facilities:** Is there

- An indoor school?.....
- An enclosed outdoor school?.....
- A jumping paddock?.....
- A cross country course or some fences?.....
- Good hacking country?.....
- Toilets?.....
- Covered area for spectators, waiting students?.....
- Accommodation?.....If yes, dormitory style/ individual.....

**6. Insurance:**

- Do you have current Public Liability Insurance?.....
- With whom?.....
- Maximum cover?.....
- details of any claims made against you or your establishment during the past 5 years.....
- .....
- .....

**7. Operators and instructors qualifications:**

Please list below the certificates, qualifications and/ or experience of the person(s) in charge of the establishment and the instructors and/ or staff.

I/We.....of.....at.....

apply for full/ associate/ personal \* membership of the Australian Horse Riding Centres, Queensland Branch and enclose cheque/ money order for

\$100.00 inspection fee (for new full/associate members only) and /or \*

\$300.00 membership (for full members) or \*

\$150.00 for associate membership \*

\$25.00 for personal membership \*

I/We have read the AHRC Qld Code of Practice, Regulations, Inspection checklist and believe we can fully fulfill their conditions.

I/We have read the conditions governing the rules of approval and agree to be bound by them and to uphold the Code of Practice.

Date.....Signed.....

Proprietor or Secretary if company.

- Cross out which is not applicable.

Return to: AHRC Secretary PO Box 5097 Daisy Hill Qld 4127