

The Australian Distance Riding Association Inc.



Membership Application Calendar Year 2025

Doing distance
differently

Part A

New members, please fill out your details below.

Returning members, please fill out your name, and any other of your details if they have changed.

First Name _____ Last Name _____

Date of birth _____ PIC Number _____

Residential Address _____

Postal Address (if different to residential) _____

Phone number _____

Email _____

Nominated by (existing member name) _____

Seconded by (existing member name) _____

Important: TADRA has Public Liability insurance cover for events, and a Voluntary Workers policy covering volunteers at events, however Personal Accident insurance is not provided by or with membership.

Members need to access their own Personal Accident insurance cover.

Part B Declaration

If accepted as a member of TADRA and as a participant in its events, I understand and agree that:-

I shall abide by the TADRA constitution and all other TADRA policies, including but not limited to the TADRA – Event Rulebook, Social Media Policy, Member Protection Policy, Risk Management Policies;

Horses can potentially be dangerous, and activities involving them can pose substantial risk;

I am the person responsible for making decisions about identifying, assessing, and dealing with any risks arising from the involvement of myself or anyone in my care in any TADRA events or other activities;

I will be responsible for the control, behavior, and welfare of any horse in my care or control, or that I ride, at a TADRA event;

It is my responsibility to have knowledge of the contents of the TADRA rulebook, relative to my activities, and to comply with it, and with the instructions of event organisers, event managers and other TADRA event officials at all times.

Applicant's signature _____ Date: _____

Declaration covering Junior Member Applicants or Ride Participants

To be read, understood, and signed by the parent or guardian of the junior.

I, _____ am the Parent / Guardian (circle that which applies) of _____

I warrant that I am aware of and agree to _____ being a junior participant of TADRA, and as far as is legally possible I indemnify the Association and its officers against any claim made against them for or on behalf of _____ regarding a matter arising from participation in TADRA activities.

I also agree to behave in accordance with the TADRA Code of Conduct and understand that I may be penalised by TADRA if I do not.

Signature _____ Date: _____

2025 Membership fees	
Ordinary (Riding Member)	\$100
Junior (Riding Member)	\$75
Associate	\$50

Please return the completed membership form to:

Jackie Swan 643 Old Esk North Rd South East Nanango 4615

or preferably, scan and email to jackiesteve@hotmail.com

Details for direct deposit

Account name: The Australian Distance Riding Association Inc

BSB 084691 Account 237727400

Please use your surname as the reference