

PCAV Membership Verification Form

Any dishonest, misleading or inappropriate use of this form will result in disciplinary action with the member receiving a **three months minimum suspension** from all competitions.
This form is compiled in accordance with the PCAV *Handbook of By-Laws*.

ABOUT THIS FORM

1. If a member's membership card is not presented, this form must be fully completed before the member may ride.
2. The form may only be used by a member who has a genuinely unavoidable reason for not presenting their membership card. However, the zone representative may deny its use if deemed inappropriate.
3. The member's club DC, secretary or card secretary only may verify the member's eligibility in accordance with the PCAV *Handbook of By-laws* but is under no obligation to do so.
4. This form must be forwarded to the member's zone representative within seven days.

RIDER/GUARDIAN DECLARATION:

Rider's full name: _____ D.O.B _____

Mount: _____ Member's club _____

My membership number is: (must be completed) _____

The reason I am not presenting my membership card is: _____

I declare that this is a true reason and that I am a current financial member of the PCAV, meet all of the eligibility rules and am qualified to ride at this competition.

(Eligibility means complying with the requirements specified in the PCAV *Handbook of By-Laws*.)

Member (if age 18 or over) otherwise parent/guardian signature: _____

CLUB VERIFIED INFORMATION: This section may only be completed by the member's club DC, secretary or card secretary who must be certain that the information is accurate.

Number of usual club rallies per year? _____ In the 12 months prior to this competition the member has attended _____ rallies and the combination entered into this competition has attended _____ rallies.

What is grading of the combination for this competition? _____ and the date graded _____

Verified by DC, secretary or card secretary (name): _____

Signature: _____ Date: _____

Contact phone numbers: B/H _____ A/H _____

ORGANISING COMMITTEE: (This section to be left blank for use by the competition card inspector)

Competition: _____ Date: _____

Name of club hosting the competition: _____

Name of the competition card inspector receiving this form: _____

Contact phone numbers of card inspector: _____

Has the form been fully completed and does the information meet all eligibility requirements: YES / NO

NOTE: This form must be fully completed and verified before the member may ride.

If the information is not fully completed or does not meet all eligibility requirements, the rider must be disqualified from the competition and may not ride in any capacity whatsoever.