

APPLICATION FOR MEMBERSHIP

British Showjumping, Meriden Business Park, Copse Drive, Meriden, CV5 9RG E-mail: membership@britishshowjumping.co.uk Website: www.britishshowjumping.co.uk Tel: +44 (0) 2476 698800 Fax: +44 (0) 2476 696685

Membership only valid once confirmation is received in writing from British Showjumping

TITLE SURNAME				HAVE YOU EVER BEEN	MEMBERSHIP NO).		
				A MEMBER BEFORE?				
			┥┝	YES NO				
FORENAMES				MAIDEN NAME?				
			- I I	DATE OF BIRTH (ALL APPLICANTS)	YES NO		
ADDRESS				//	PONY	PONY CLUB MEMBER		
				NATIONALITY (ALL APPLICANTS)		RIDING CLUB		
						Please forward proof of	current membership	
				Applicants for Jur	nior and Ass	ociate Me	mbership	
				MUST enclose a	copy of the	eir birth ce	ertificate	
HOME TEL:				For Junior or Associate:				
FAX:				PARENT/GUARDIAN NAME				
E-MAIL:								
				Date of Birth				
MOBILE:	TICK		- [MEMBERSHIP NO.				
TYPE OF MEMBERSHIP	TICK	£	┥╽					
LIFE			┥┝	PUBLICATIONS		TICK	£	
FULL JUMPING				BRITISH SHOWJUMPING			FREE	
NON JUMPING]					
NON JUMPING OFFICIAL								
ASSOCIATE			ļļ					
JUNIOR			1	EQUINE ANTI-DOPING AND CONTROLLED MEDICATION RULES				
OWNER			1	(Mandatory – application will not be processed if not completed)				
SHOW ORGANISER			1	I agree to be bound by the BEF Equ				
SHOW SECRETARY				BEF Anti Doping Rules for Human A be found on the British Equestrian F	thletes as amended f			
FEES - Please refer to current price list	TOTAL		1	www.bef.co.uk and will be supplied to me in paper format on request.				
TERMS AND CONDITIONS OF MEMBERSHIP OF BRITISH SHOWJUMPING On becoming a member of British Showjumping I agree to be bound by the Memorandum and Articles (available on application or the website) and all Rules, Regulations and Bye-laws thereunder and I agree to be bound by the Rules laid out in the official Rules and Year Book of British Showjumping which is revised and published annually and I agree that the decisions of the Executive Board Stewards and other competent authorities of British Showjumping given in accordance therewith shall be binding upon me and I Authorise my name to be placed on the Register of Members of British Showjumping.				In the event that the person applying for membership is under 18 the parent or legal guardian signing on behalf of that person specifically agrees to accept primary responsibility for that person's compliance with the BEF Equine Anti-Doping and Controlled Medication Rules and that parent or guardian will be the Person Responsible for any Horse ridden vaulted or driven by that person for the purposes of those Rules. Date				
I wish to become a member of British Showjumping of the type ticked above. I agree to abide by the terms and conditions laid out above.				Print Name (Last Name, First Name)				
Please contact the office within 3 working days of submission to make payment. Your membership will not be live until payment is taken.			ot be					
Referred by				Signature				
Marketing Permissions British Showjumping will use the information you provide on th	nis form to be in t	couch with you and to pro	ovide u	ipdates and marketing. Please let us	know all the ways yo	ou would like to h	ear from us:	
British Showjuming email newsletter containing marketing/pro	motional offers	and content						
British Showjumping on behalf of third party emails								
Direct Email								
Contact by phone for marketing purposes								
Should a journalist wish to speak to you for reporting purposes are you happy for us to release your details Yes 🔲 No 🗔								
You can change your mind at any time by clicking the unsubscribe link in the footer of any email you receive from us, or by contacting us at <u>membership@britishshowjumping.co.uk</u> . We will treat your information with respect. For more information about our privacy practices, please visit our website. By submitting this form, you agree that we may process your information in accordance with these terms.								