

# APPLICATION FOR PARA MEMBERSHIP

Meriden Business Park, Copse Drive, Meriden, West Midlands, CV5 9RG  
 E-mail: [membership@britishshowjumping.co.uk](mailto:membership@britishshowjumping.co.uk) Website: [www.britishshowjumping.co.uk](http://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

<b>TITLE</b>	<b>SURNAME</b>	<b>HAVE YOU EVER BEEN A MEMBER BEFORE?</b> YES NO	<b>MEMBERSHIP NO.</b>
<b>FORENAMES</b>		<b>MAIDEN NAME?</b>	
<b>ADDRESS</b> ..... ..... ..... ..... .....		<b>DATE OF BIRTH (ALL APPLICANTS)</b>  _ _ / _ _ / _ _	
<b>HOME TEL:</b> .....		Applicants for Pony, Pony Associate and Associate Membership <b>MUST</b> enclose a copy of their birth certificate	
<b>FAX:</b> .....			
<b>E-MAIL:</b> .....			
<b>MOBILE:</b> .....			
<b>MEMBERSHIP NO.</b>		<b>MEMBERSHIP NO.</b>	
<b>Para Equestrian Information:</b> Have you had: (Please tick box) National RDA Classification <input type="checkbox"/> International FEI Classification <input type="checkbox"/> Your profile number .....		<b>For Pony &amp; Pony Associates:</b> <b>PARENT/GUARDIAN NAME</b>	
<b>TYPE OF MEMBERSHIP</b>		<b>Date of Birth</b>	
<b>FULL JUMPING</b>	<b>TICK</b>	<b>MEMBERSHIP NO.</b>	
<b>ASSOCIATE</b>		Please enclose a photocopy of at least ONE or BOTH of the Classification documents you have listed above (FEI IPC card preferred)	
<b>JUNIOR</b>		Please state which RDA group you are currently a member of <small>(Please note RDA membership is compulsory for all Para Members)</small>	
<b>FEES - Please refer to current price list</b>	<b>TOTAL</b>	<b>EQUINE ANTI-DOPING AND CONTROLLED MEDICATION RULES</b>  (Mandatory – application will not be processed if not completed)	
British Showjumping would like to keep in touch with members as frequently as possible. If you are happy to receive communication by Email whenever possible please tick the appropriate box. Email <input type="checkbox"/>  Should a journalist wish to speak to you for reporting purposes are you happy for us to release your details Yes <input type="checkbox"/> No <input type="checkbox"/>  Please tick here if you wish to hear from our Sponsors, Business Partners or selected third parties who may at times wish to provide you with information about goods or services which may be of interest to you. <input type="checkbox"/>		I agree to be bound by the BEF Equine Anti-Doping and Controlled Medication Rules and the BEF Anti Doping Rules for Human Athletes as amended from time to time copies of which can be found on the British Equestrian Federation Website at <a href="http://www.bef.co.uk">www.bef.co.uk</a> and will be supplied to me in paper format on request.  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 _____ Print Name (Last Name, First Name) _____ Signature _____ <small>(if the person applying is under 18 the form must be signed by the parent or legal guardian)</small>	
		<b>TERMS AND CONDITIONS OF MEMBERSHIP OF BRITISH SHOWJUMPING</b> 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.  I wish to become a member of British Showjumping of the type ticked above. I enclose my remittance which I understand will be returned to me should this application be rejected. I agree to abide by the terms and conditions laid out above. I wish to pay by the following method.  N.B. We cannot accept American Express.	
<b>CARDHOLDERS NAME:</b> _____			
<b>CARD NUMBER</b>	Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/> Direct Debit <input type="checkbox"/>	<b>VALID FROM</b>	<b>EXPIRY</b>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>ISSUE NO.</b> <small>(if applicable)</small>	<b>NAME</b> .....		<b>ISSUE NO.</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>SIGNATURE</b> .....	<b>DATE</b> .....	