



APPLICATION FOR CLUB PARA MEMBERSHIP

British Showjumping, National Agricultural Centre, Stoneleigh Park, Kenilworth, Warwickshire CV8 2LR
E-mail: info@britishshowjumping.co.uk Website: www.britishshowjumping.co.uk
Tel: +44 (0) 2476 698800 Fax: +44 (0) 2476 696685

MEMBERSHIP

TITLE	NAME
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DATE OF BIRTH* __ / __ / __ * Information is mandatory

HAVE YOU EVER BEEN A MEMBER BEFORE? YES NO

ADDRESS

TEL:

E-MAIL:

If under 18 please get a parent or legal guardian to complete the following:

TITLE	NAME
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DATE OF BIRTH* __ / __ / __ * Information is mandatory

ADDRESS

TEL:

E-MAIL:

Para Equestrian Information:
Have you had: (Please tick box)
National RDA Classification
International FEI Classification
Your profile number

Please enclose a photocopy of at least ONE or BOTH of the Classification documents you have listed above (FEI IPC card preferred)

Please state which RDA group you are currently a member of
(Please note RDA membership is compulsory for all Para Members)

If you are happy for British Showjumping to send documents and information to you in electronic form, please tick here.

Should a journalist wish to speak to you for reporting purposes are you happy for us to release your details Yes No

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.

HORSE REGISTRATION

(All Horses must retain their Breed Paper name, rule 50.8.1)

HORSE'S NAME

1ST CHOICE

2ND CHOICE

3RD CHOICE

* Information is mandatory
BS REGISTRATION NUMBER

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PASSPORT ISSUING ORGANISATION

PASSPORT NUMBER

MICROCHIP NUMBER

FREEZE BRAND

COLOUR*

GENDER* MARE GELDING

HEIGHT*

DATE OF BIRTH*

PREVIOUS OWNER NAME AND ADDRESS
(Mandatory - registration will not be processed if not completed)
N.B: If homebred please state

Copy of the horses/ponies passport will be required Stallions are not to be registered on a club membership. Horses/ponies may not be registered before the beginning of the year in which the age of four is reached.

EQUINE ANTI-DOPING AND CONTROLLED MEDICATION RULES

(Mandatory - application will not be processed if not completed)
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 www.bef.co.uk 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)

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Signature

(if the person applying is under 18 the form must be signed by the parent or legal guardian)

TOTAL TO PAY £

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.

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**.

CARDHOLDERS NAME:

CARD NUMBER Cheque Credit Card Direct Debit VALID FROM EXPIRY ISSUE NO. (if applicable)

NAME SIGNATURE DATE