

APPLICATION FOR CLUB PARA MEMBERSHIP

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MEMBERSHIP		HORSE REGISTRATION		
TITLE	NAME	(All Horses must retain their Breed Paper name, rule 50.8.1) HORSE'S NAME		
DATE OF BIRTH* / /		1ST CHOICE		
* Information is mandatory		2ND CHOICE		
HAVE YOU EVER BEEN A MEMBER BEFORE? YES NO		3RD CHOICE		
ADDRESS		* Information is mandatory		
		BS REGISTRATION NUMBER		
		PASSPORT ISSUING ORGANISATION		
		PASSPORT NUMBER		
TEL:		MICROCHIP NUMBER		
E-MAIL:		FREEZEBRAND		
If under 18 please g	et a parent or legal guardian to complete the following:	COLOUR*		
TITLE	NAME	GENDER*	MARE GELDING	
DATE OF BIRTH*	, ,	HEIGHT (CM'S ONLY)*		
DATE OF BIRTH*/ * Information is mandatory		DATE OF BIRTH*		
ADDRESS		PREVIOUS OWNER NAME AND ADDRESS (Mandatory - registration will not be processed if not completed) N.B: If homebred please state		
TEL:		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 begining of the year in which the age of four is reached.		
E-WAIL.		EQUINE ANTI-DOPING AND CONTROLLED MEDICATION RULES		
Para Equestrian Information: Have you had: (Please tick box)		(Mandatory – application will not be processed if not completed)		
National RDA Classification		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		
International FEI Classification		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.		
Your profile number				
documents you have listed above (FEI IPC card preferred) Please state which RDA group you are currently a member of		Date		
(Please note RDA members	hip is compulsory for all Para Members)	Print Name (Last Name, First Name)		
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		Signature (if the person applying is under 18 the form must be signed by	/ the parent or legal guardian)	
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.		TOTAL TO PAY £		
, , ,		ERSHIP 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.				
NAME	SIGNATURE		DATE	