



APPLICATION FOR SCHOOLS MEMBERSHIP

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

MEMBERSHIP HORSE REGISTRATION

SCHOOL NAME

COMPETING AS INDIVIDUAL TEAM

ARE YOU A PONY CLUB MEMBER?* YES NO * PLEASE SEND COPY OF CARD

ARE YOU A CURRENT BRITISH SHOWJUMPING MEMBER? YES NO

IF YES PLEASE STATE MEMBERSHIP NO.....
IF NO, PLEASE COMPLETE BELOW

TITLE	NAME

DATE OF BIRTH* _ _ / _ _ / _ _ * Information is mandatory

ADDRESS

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TEL:

E-MAIL:

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

TITLE	NAME

DATE OF BIRTH* _ _ / _ _ / _ _ * Information is mandatory

ADDRESS

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TEL:

E-MAIL:

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.

How did you find out about us?

BRITISH SHOWJUMPING REGISTRATION NUMBER

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IF NOT A CURRENT MEMBER PLEASE COMPLETE BELOW
(All Horses must retain their Breed Paper name, rule 50.8.1)

HORSE'S NAME

1ST CHOICE

2ND CHOICE

3RD CHOICE

PASSPORT ISSUING ORGANISATION

PASSPORT NUMBER

MICROCHIP NUMBER

FREEZE BRAND

COLOUR*

GENDER* MARE GELDING

HEIGHT (CM'S ONLY)*

DATE OF BIRTH*

* Information is mandatory

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

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Copy of the horses/ponies passport will be required Stallions are not eligible to be registered on a schools 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) _____

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

TOTAL TO PAY £30 (IF NOT A PONY CLUB/ BRITISH SHOWJUMPING OR TEAM MEMBER)

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.....