

NAME OF STUD

MEMBERSHIP NO.

NAME OF CONTACT FOR STUD
 MR/MRS/MISS/OTHER

ADDRESS

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PUBLICATIONS	TICK	£
BRITISH SHOWJUMPING		FREE

TEL: FAX:

E-MAIL:

MOBILE:

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

£..... Please refer to current price list.

PREFIXES

As a stud member you are entitled to register all homebred horses/ponies with verified breed papers with the stud prefix, free of charge.

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

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?

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)

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NAME SIGNATURE..... DATE.....