

TITLE	SURNAME
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FORENAMES

ADDRESS
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HOME TEL:
WORK TEL:
MOBILE:
FAX:
E-MAIL:

TYPE OF MEMBERSHIP	TICK	£ (Insert fee)
FULL JUMPING		
ASSOCIATE		
OWNER		
TOTAL		

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 agree to abide by the terms and conditions laid out above.

Please contact the office within 3 working days of submission to make payment. Your membership will not be live until payment is taken.

Referred by -

HAVE YOU EVER BEEN A MEMBER BEFORE? YES NO	MEMBERSHIP NO.
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MAIDEN NAME?	NATIONALITY (All Applicants)
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DATE OF BIRTH Membership will NOT be processed if not completed _ _ / _ _ / _ _

Applicants for Associate Membership MUST enclose a copy of their birth certificate

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)

Marketing Permissions

British Showjumping will use the information you provide on this form to be in touch with you and to provide updates and marketing. Please let us know all the ways you would like to hear from us:

British Showjumping email newsletter containing marketing/promotional offers and content

British Showjumping on behalf of third party emails

Direct Email

Contact by phone for marketing purposes

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

You can change your mind at any time by clicking the unsubscribe link in the footer of any email you receive from us, or by contacting us at membership@britishshowjumping.co.uk. We will treat your information with respect. For more information about our privacy practices, please visit our website. By submitting this form, you agree that we may process your information in accordance with these terms.