

TITLE	SURNAME
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FORENAMES

ADDRESS

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HOME TEL: .....

MOBILE: .....

FAX: .....

E-MAIL: .....

TYPE OF MEMBERSHIP	TICK	£ (insert fee)
FULL JUMPING		
NON JUMPING		
ASSOCIATE		
JUNIOR		
<b>TOTAL</b>		

**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.

Please note: Temporary Members are not eligible to qualify for National Championships.

How did you find out about us? .....

**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](mailto: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.

HAVE YOU EVER BEEN A MEMBER BEFORE?	MEMBERSHIP NO.
YES NO	

MAIDEN NAME?

.....

DATE OF BIRTH

Membership will NOT be processed if not completed

\_\_ / \_\_ / \_\_

**Applicants for Junior or 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](http://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)

HORSE REGISTRATION / CHANGE OF OWNERSHIP DETAILS			OWNER DETAILS								
(All Horses must retain their Breed Paper name, rule 50.8.1)			CHANGE OF OWNER      YES <input type="checkbox"/> NO <input type="checkbox"/> (Please tick)								
NAME		OWNER (MUST BE A CURRENT MEMBER)		MEMBERSHIP NO.							
1ST CHOICE.....			ADDRESS .....								
2ND CHOICE.....											
3RD CHOICE.....											
BS REGISTRATION NUMBER <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
PASSPORT ISSUING ORGANISATION		HOME TEL: .....		MEMBERSHIP NO.							
PASSPORT NUMBER		WORK TEL: .....									
MICROCHIP NUMBER* (MANDATORY)		MOBILE: .....									
FREEZE BRAND		FAX: .....									
COLOUR*		E-MAIL: .....		MEMBERSHIP NO.							
GENDER* <input type="checkbox"/> MARE <input type="checkbox"/> GELDING		JOINT OWNER (S) (MUST BE A CURRENT MEMBER)									
HEIGHT (CM'S ONLY)*		ADDRESS .....									
DATE OF BIRTH*		.....									
* Information is mandatory			.....								
COUNTRY OF ORIGIN .....			.....								
IRISH POINTS		WINNINGS ABROAD		.....							
PREVIOUS OWNER NAME AND ADDRESS (MANDATORY - REGISTRATION WILL NOT BE PROCESSED IF NOT COMPLETED) N.B: If your horse is Homebred, please state: Homebred.			.....								
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DOCUMENTS REQUIRED			£ (insert fee)      TICK								
Please provide a copy of the following pages in the horse/pony's passport:			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: center;">Horse Fee</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td style="text-align: center;">TOTAL</td> <td></td> <td></td> </tr> </table>			Horse Fee			TOTAL		
Horse Fee											
TOTAL											
<ul style="list-style-type: none"> <li>• Front Page</li> <li>• ID markings</li> <li>• Microchip</li> <li>• Vaccinations</li> <li>• Breeding</li> </ul>											