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**Shillingstone & District Riding Club**

<https://www.shillingstoneanddistrictrc.co.uk/>

**Membership Renewal**

**(Information held in accordance with GDPR – Details on website)**

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| --- | --- | --- |
| **Renewal Riding member paid before 31st January** | **If full membership fee is not paid by 31 January the new member fee will be charged** | **Renewal Non Riding member** |
| **£25** | **£35** | **£18** |

**Membership fees** (subscriptions fall due on 1st January each year, and are valid for 12 months)

Please can you confirm your details so we can ensure our records are up-to-date.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Rider Details** | | | | |
| **Name** |  | | | |
| **Email** |  | | | |
| **Membership** | *Riding member* |  | *Non riding member* |  |

***Please confirm that you are happy to abide by the club rules: (full copy of the constitution is available on the web-site)***

1. I hold public liability insurance for my horse and riding activities and will include evidence of this with my application
2. My horse’s vaccinations are up to date in line with BRC recommendations. I will ensure that my horse is vaccinated in accordance with the requirements of all the equestrian venues I visit (minimal of annual vaccinations)
3. I am responsible for the health and safety of myself and my horse; I will ensure my tack is in a safe and serviceable condition.
4. I will wear the correct safety equipment, riding hat/skull cap, which conforms to current BRC safety standards. Body protectors are MANDATORY for cross-country jumping – the body protector must be Level 3 2009 (Purple label).
5. I understand that I am liable for the cost of any damage caused to property and equipment by myself, my horse, my vehicle, or any person in my party.
6. I will treat other members, instructors and club officials with respect. I  appreciate the impact of my behaviour on others, value differences, recognising that we will not all share the same views
7. I am willing to volunteer at least ½ day a year towards the running of events, clinics or competitions, if I compete in BRC qualifiers I will also volunteer at one event a year, if required.

I confirm that I have read and agree to the SDRC rules above. **Electronic Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email the following to [shillingstone@hotmail.com](mailto:shillingstone@hotmail.com)

1. Completed membership form
2. Make a payment of the membership fee to:

Bank Transfer to S&DRC acc. 70014482 sort code 09-01-54 with your surname as reference