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**Shillingstone & District Riding Club**

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

**Membership Application Form**

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

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| --- | --- | --- | --- |
| **New Riding member** | **Existing Riding member paid before 1st January each year**  | **Existing Riding member paid after 1st January up until 30 March**  | **Non-riding member** |
| **£25** | **£23** | **£25** | **£18** |

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

|  |
| --- |
| **Rider Details**  |
| **Name** |  |
| **Address/****Postcode**  |  |
| **Email** |  |
| **Phone** |  |
| **Membership**  | *Riding member* |  | *Non riding member*  |  |

|  |  |  |
| --- | --- | --- |
| **Horse Details** | **Horse 1** | **Horse 2** |
| **Horse Name** |  |  |
| **Passport Name** |  |  |
| **Passport Number** |  |  |
| **Affiliations** | BE/BS/BD/ OTHER | BE/BS/BD/ OTHER |
| **Interests**  | Dressage- Show Jumping- X Country- Hacking- Camp – Horsemanship Other |
| Are you happy for photographs or you/your horse to appear of the club website and facebook page? | Yes/ No  |

***Please check 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

To complete your membership:

Email the following to shillingstone@hotmail.com

1. Completed membership form
2. Copy of horses passport- pages with horses details, vets identification and vaccination record- saved as word of jpeg
3. Evidence of public liability insurance

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 - Or
* Cheque to Shillingstone and District Riding Club

 **Thank you, we look forward to welcoming you to the club**