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**Shillingstone & District Riding Club**

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

**Membership Application Form**

**Members 18 years+**

**(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:***

(constitution https://www.shillingstoneanddistrictrc.co.uk/copy-of-gdpr)

1. I hold public liability insurance for my horse and riding activities
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. 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

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