

| MEMBERSHIP | | HORSE REGISTRATION | | | | | | | |
|--|------|---|---|--|--|--|--|--|--|
| TITLE | NAME | (All Horses must retain their Breed Paper name, rule 50.8.1) | | | | | | | |
| DATE OF BIRTH* __ / __ / __ <small>* Information is mandatory</small> | | HORSE'S NAME | | | | | | | |
| HAVE YOU EVER BEEN A MEMBER BEFORE? YES NO | | 1ST CHOICE | | | | | | | |
| ADDRESS | | 2ND CHOICE | | | | | | | |
| TEL: | | 3RD CHOICE | | | | | | | |
| FAX: | | BRITISH SHOWJUMPING REGISTRATION NUMBER | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table> | | | | | | |
| | | | | | | | | | |
| E-MAIL: | | PASSPORT ISSUING ORGANISATION | | | | | | | |
| If under 18 please get a parent or legal guardian to complete the following: | | PASSPORT NUMBER | | | | | | | |
| TITLE | | MICROCHIP NUMBER | | | | | | | |
| NAME | | FREEZE BRAND | | | | | | | |
| DATE OF BIRTH* __ / __ / __ <small>* Information is mandatory</small> | | COLOUR* | | | | | | | |
| ADDRESS | | GENDER* <input type="checkbox"/> MARE <input type="checkbox"/> GELDING | | | | | | | |
| TEL: | | HEIGHT (CM'S ONLY)* | | | | | | | |
| FAX: | | DATE OF BIRTH* | | | | | | | |
| E-MAIL: | | <small>* Information is mandatory</small> | | | | | | | |
| PREVIOUS OWNER NAME AND ADDRESS (Mandatory - registration will not be processed if not completed) N.B: If homebred please state | | <p>.....</p> <p>.....</p> <p>.....</p> | | | | | | | |
| DATE OF BIRTH* __ / __ / __ <small>* Information is mandatory</small> | | <p>Copy of the horses/ponies passport will be required Stallions are not eligible to be registered on a club membership. Horses/ponies may not be registered before the beginning of the year in which the age of four is reached.</p> | | | | | | | |
| ADDRESS | | <p>Retrained Racehorse? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | | | | | | | |
| TEL: | | <p>RoR number</p> | | | | | | | |
| FAX: | | <p>EQUINE ANTI-DOPING AND CONTROLLED MEDICATION RULES</p> <p>(Mandatory – application will not be processed if not completed)</p> | | | | | | | |
| E-MAIL: | | <p>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.</p> <p>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.</p> | | | | | | | |
| <p>TERMS AND CONDITIONS OF MEMBERSHIP OF BRITISH SHOWJUMPING</p> <p>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.</p> <p>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.</p> <p>Please contact the office within 48hours of submission to make payment. Your membership will not be live until payment is taken.</p> | | <p>Date</p> <p>Print Name (Last Name, First Name)</p> <p>Signature</p> <p><small>(if the person applying is under 18 the form must be signed by the parent or legal guardian)</small></p> | | | | | | | |
| How did you find out about us? | | TOTAL TO PAY £..... | | | | | | | |
| <p>Marketing Permissions</p> <p>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:</p> <p>British Showjumping email newsletter containing marketing/promotional offers and content <input type="checkbox"/></p> <p>British Showjumping on behalf of third party emails <input type="checkbox"/></p> <p>Direct Email <input type="checkbox"/></p> <p>Contact by phone for marketing purposes <input type="checkbox"/></p> <p>Should a journalist wish to speak to you for reporting purposes are you happy for us to release your details Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>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.</p> | | | | | | | | | |