

## APPLICATION FOR COMPANY MEMBERSHIP

British Showjumping, Meriden Buisness Park, Copse Drive, Meriden, West Midlands CV5 9RG E-mail: membership@britishshowjumping.co.uk Website: www.britishshowjumping.co.uk Tel: +44 (0) 2476 698800 Fax: +44 (0) 2476 69685

Membership only valid once confirmation is received in writing from British Showjumping

NAME OF COMPANY	The company is entitled to one named agent who is eligible for complimentary Full Jumping membership. Please fill out the following details.	
	HAVE YOU EVER BEEN MEMBERSHIP NO. A MEMBER BEFORE?	
MEMBERSHIP NO.	YES NO	
ADDRESS	NAME OF AGENT MR/MRS/MISS/OTHER	
	ADDRESS	
	TEL:	
TEL:	FAX:	
FAX:	EMAIL:	
EMAIL:	DATE OF BIRTH / /	
	PUBLICATIONS TICK £	
£ Please refer to current price list.	BRITISH SHOWJUMPING FREE	
- Case tale to tale to price and		
PREFIXES		
If you wish to add a prefix to horse's registered, the fees outlined below will be applicable. For horses that hold an FEI passport please see rule 50.70.6	EQUINE ANTI-DOPING AND CONTROLLED  MEDICATION RULES	
1-5 horses £500	(Mandatory – application will not be processed if not completed)	
6+ horses £800	I agree to be bound by the BEF Equine Anti-Doping and Controlled Medication Rt and the BEF Anti Doping Rules for Human Athletes as amended from time to t copies of which can be found on the British Equestrian Federation Website at <a href="https://www.bef.co.uk">www.bef.co.uk</a> and will be supplied to me in paper format on request.	
British Showjumping would like to keep in touch with members as frequently as possible. If you are happy to receive communication by Email whenever possible please tick the appropriate box. Email	In the event that the person applying for membership is under 18 the par or legal guardian signing on behalf of that person specifically agrees to acc primary responsibility for that person's compliance with the BEF Equine Anti-Dop and Controlled Medication Rules and that parent or guardian will be the Per Responsible for any Horse ridden vaulted or driven by that person for the purpor	cept ping rson
Should a journalist wish to speak to you for reporting purposes are you happy for us to release your details Yes No	of those Rules.	
	Date	-
Please tick here if you wish to hear from our Sponsors, Business Partners or selected third parties who may at times wish to provide you with information about goods or services which may be of interest to you.	Print Name (Last Name, First Name)	_
How did you find out about us?	Signature (if the person applying is under 18 the form must be signed by the parent or legal guardian)	_
TERMS AND CONDITIONS OF MEMBERS On becoming a member of British Showjumping I agree to be bound by the Memorandum and Articles (available and Bye-laws thereunder and I agree to be bound by the Rules laid out in the official Rules and Year Book of Brit and I agree that the decisions of the Executive Board Stewards and other competent authorities of British Show upon me and I Authorise my name to be placed on the Register of Members of British Showjumping.	ole on application or the website) and all Rules, Regulations ish Showjumping which is revised and published annually	
I wish to become a member of British Showjumping of the type ticked above. I enclose my remittance which I and conditions laid out above. I wish to pay by the following method.	understand will be returned to me should this application be rejected. I agree to abide by the	e terms
N.B. We cannot accept American Express.		
CARDHOLDERS NAME:		
CARD NUMBER Cheque Credit Card Direct Debit	VALID FROM EXPIRY ISSUE NO.	
	(rappicase)	
NAMESIGNATURE	DATE	