

MEMBERSHIP	TEAM MEMBERS																																							
<p>SCHOOL NAME .....</p> <p>ADDRESS: .....</p> <p>TEAM NAME: .....</p> <p>HEADTEACHER: .....</p> <p>TELEPHONE: .....</p> <p>EMAIL: .....</p> <p>SIGNATURE .....</p>	<p style="text-align: center;">(CAN BE CHANGED THROUGHOUT THE YEAR)</p> <p>TEAM MEMBER AND HORSE / PONY'S NAME *</p> <p>1ST RIDER .....</p> <p>2ND RIDER .....</p> <p>3RD RIDER .....</p> <p>4TH RIDER .....</p> <p>*MUST HAVE INDIVIDUAL APPLICATIONS ACCOMPANIED</p> <p>HEIGHTS</p> <p>0.70m <input type="checkbox"/></p> <p>0.80m <input type="checkbox"/></p> <p>0.90m <input type="checkbox"/></p> <p>1.00m <input type="checkbox"/></p> <p>1.10m <input type="checkbox"/></p>																																							
<p style="color: red;">Main contact for Team</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">TITLE</th> <th style="width: 90%;">NAME</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table> <p>DATE OF BIRTH* _ _ / _ _ / _ _ <span style="float: right;">* Information is mandatory</span></p> <p>ADDRESS .....</p> <p>TEL: .....</p> <p>E-MAIL: .....</p>	TITLE	NAME			<p>BY BECOMING A MEMBER YOU ARE GIVING PERMISSION FOR THE NAMES OF PUPILS TO BE INCLUDED IN PUBLISHED RESULTS OF COMPETITION.</p> <p>PLEASE NOTE ANY RIDERS WHO MUST NOT BE INCLUDED * (MUST INFORM BRITISH SHOWJUMPING OF ANY CHANGE OF CIRCUMSTANCE)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>																																			
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<p>If you are happy for British Showjumping to send documents and information to you in electronic form, please tick here. <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>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. <input type="checkbox"/></p>	<p>TOTAL TO PAY £30</p>																																							
<p><b>TERMS AND CONDITIONS OF MEMBERSHIP OF BRITISH SHOWJUMPING</b></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 agree that any CRB/DBS checks that are required are the responsibility of the school and not British Showjumping</p> <p>I wish to become a member of British Showjumping of the type ticked above. I enclose my remittance which I understand will be returned to me should this application be rejected. I agree to abide by the terms and conditions laid out above. I wish to pay by the following method. N.B. We cannot accept American Express.</p>																																								
<table style="width:100%;"> <tr> <td colspan="4" style="border: 1px solid black; padding: 2px;">CARDHOLDERS NAME:</td> </tr> <tr> <td style="width: 15%;">CARD NUMBER</td> <td style="width: 15%;">Cheque <input type="checkbox"/></td> <td style="width: 15%;">Credit Card <input type="checkbox"/></td> <td style="width: 15%;">Direct Debit <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"> <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table> </td> <td style="text-align: center;">VALID FROM</td> <td style="text-align: center;">EXPIRY</td> <td style="text-align: center;">ISSUE NO. <small>(if applicable)</small></td> </tr> <tr> <td style="text-align: center;"> <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table> </td> <td style="text-align: center;"> <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table> </td> <td style="text-align: center;"> <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table> </td> <td style="text-align: center;"> <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table> </td> </tr> <tr> <td colspan="2">NAME .....</td> <td colspan="2">SIGNATURE.....</td> <td>DATE.....</td> </tr> </table>		CARDHOLDERS NAME:				CARD NUMBER	Cheque <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Direct Debit <input type="checkbox"/>	<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>					VALID FROM	EXPIRY	ISSUE NO. <small>(if applicable)</small>	<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>					<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>					<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>					<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>			NAME .....		SIGNATURE.....		DATE.....
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