



Membership Application Form

(Mr / Mrs / Miss / Ms / Other: _____) Are you already a member? Yes / No

First Name: _____ Surname: _____

Address: _____

Post Code: _____ Tel No: _____

Date of Birth: _____

Please note we will retain details of scheme members, as required to perform our duties. This data will be held securely and will only be shared with agencies as required by law.

Which horse would you like to support as part of your membership: _____

Payment Details:

I would like to pay the £25.00 membership fee by:

Cash / Card / Bank Transfer / Paypal

Signature of Applicant (Parent/Guardian if under 16 years of age)

Parent/Guardian's name (if applicable)

Office Use Only

Date Received: _____ Received By: _____ Paid / **To Pay**

Date Bank Transfer / Paypal Received: _____

Membership Number: _____ Start Date: _____ Renewal Date: _____

Date Pack Issued: _____ Issued By: _____