

MEMBERSHIP APPLICATION FORM 1st November 2009 – 31st October 2010

Name: Email.....

Address:..... Town:.....

County:..... Post code:..... Tel.....

Date of Birth (if under 17 years):.....

Type of Membership: (please tick)

Junior: (under 18 years):.....£15

Adult: (18 years plus):.....£18

Please make cheques payable to "EWSHOT RIDING CLUB"

Completed application forms should be returned to

Linda 17 Earlsbourne, Church Crookham, Fleet, Hants. GU52 8XG

Tel: 07976 408169

As part of my membership of the club – I am willing to assist in preparing, Dismantling, jump-judging and generally assisting at shows. I do not object to data relating to me being held by Ewshot Riding Club. I agree that this data may be disclosed to the B.H.S. only.

Signed:..... Date:.....

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