

# St Michaels Hospice Charity Riding Club

## APPLICATION FOR MEMBERSHIP

Surname: .....



Title: (Mr/Mrs/Ms/Miss) .....

Forenames: .....

Date of Birth (If under 17) .....

Address: .....

Postcode .....

 Home: .....  Mobile: .....

e-mail address: .....

I wish to apply for membership of the St Michaels Riding Club. I agree to abide by the rules of the club. The Club committee reserves the right to refuse membership. No reason has to be given.

St Michaels Riding Club may wish to pass on your details to officials organising club events. If you do not want you details passed on please tick here:

By signing this form I consent to ST Michaels Riding Club holding my details on paper and/or electronically. If you do not wish this, tick here:

Signature: ..... Date: ..... / ..... / .....

Subscriptions are payable on 1<sup>st</sup> March each year

Please send completed form and subscription [**Cheques to be made payable to: St Michaels Hospice Riding Club**] to the membership secretary as below:

Barbara Eason  
Corriemulzie Netherfield, Battle, TN33 9PY  
Tel: 01424 838302

### Membership fees:

Senior £20.00                      Junior £17.00                      Non Riding £10.00  
Family £60.00 [to include 2 adults and up to 2 related juniors]

Please note that in an effort to keep running costs of the club to a minimum, as much information as possible will be sent to you by e-mail. **Have you filled in your e-mail address?**

Do you have any BHS or Riding club qualifications? YES/NO

If so please give details below:

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What activities would you like your club to organise?

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What are your main equine interests?

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Any Comments?

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