



SOUTH WARWICKSHIRE RIDING CLUB

APPLICATION FORM TO BECOME A **NEW MEMBER** FOR THE YEAR 2011 - 2012

I hereby apply to become a member of South Warwickshire Riding Club for the year ending 30 September 2012.

Name: Tel. No. (day)

Address: Tel. No. (evening)

..... Mobile:

..... Post Code: Email address:

Membership (please tick) Senior Junior

1. Full Member Annual Subscription £25.00

2. Social Member Annual Subscription £15.00

I agree to abide by the rules of the South Warwickshire Riding Club and enclose a subscription of £ (cheques to be made payable to S W R Club)

Signed: Date:

Details of own horse/pony

Registered Name: Stable Name:

Name on flu vaccination certificate:

Winnings BSJA Points Dressage Points Horse Trials

Please tick the disciplines in which you would like to join in Club Activities:

Dressage Show Jumping Combined Training Hunter Trials TREC ODE

Please include any further relevant information on reverse of this form.

Where is he/she kept?

Rider's Qualifications

BHSAI BHSII BHSI Riding Club/Pony Club Tests

Are you interested in taking Riding Club Tests? YES/NO

Would you like to compete in Team Events? YES/NO

Please remember that all horses/ponies must have a valid vaccination certificate with ID. If riding a horse/pony for another owner, please ensure that the owner is a member of an affiliated riding club.

Proposed by:
Print Name Signature

Seconded by:
Print Name Signature

Please return completed form and remittance to: Sarah Reeve, Hunningham House, Hunningham, Leamington Spa, Warwickshire CV33 9EW