



# Application for Membership

PLEASE COMPLETE IN BLOCK CAPITALS

Full Name: .....(Mr /Mrs / Miss)

Address: .....  
.....

Postcode: ..... Tel : .....

Date of Birth : ..... At Club Shows the minimum age for Lead Rein Competitors is 5 years.  
(if under 21)

Mobile: ..... Email : .....

Next of Kin details for Emergency purposes : .....  
(include current telephone number)  
.....

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

Are you a horse owner? Yes / No

Would you be willing to represent TRC at Area 16 Riding Club Competitions? Yes / No

If Yes in what Discipline? .....

Do you belong to any other club? Yes / No If yes which club? .....

Are you happy for the club to email you? Yes /No

Are you happy for the club to text you? Yes / No

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Proposed by: .....  
(club member)

Seconded by: .....  
(club member)

Date : .....

## For Official Use:

Date Received: .....

Committee Meeting: .....

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## SUBSCRIPTIONS

**New Members £27 (This includes £2 registration fee)** {Fee will be returned if your application is not accepted}

**Existing Members £25** (This is £27 if joining after 31<sup>st</sup> January in the current year)

Please send this completed form with the fee to :-

Sally McHale ~ T.R.C. Secretary  
3 Thorpe Avenue  
Whitwell, Worksop  
Notts. S80 4PU

Cheques to be made payable to : **"Tickhill Riding Club"** please.

**IMPORTANT** - PLEASE MAKE SURE YOU HAVE ADEQUATE ACCIDENT INSURANCE COVER FOR YOUR HORSE/PONY