

Affiliated to British Riding Clubs.  MEMBERSHIP APPLICATION AND RENEWAL FORM

Please complete the following in BLOCK CAPITALS

Name (Mr/Mrs/Miss)… ……………………………………………

Address………………………………………………………………
……………………………………………………………………..…
………………………………………………………………………..
Post Code…………………………

Date of birth (if under 18) ………………………………

Telephone No:

Home……………………………………………Mobile ………………………………

Email…………………………………………………………………………………………

Do you own or have use of a horse or pony? Yes/No

Stable Name…………………………………………………………………

Name on vaccination certificate/passport………………………………………

Passport Number………………………………………………………………….

Microchip Number…………………………………………………………………

Stables and area horse/ pony kept………………………………………

Do you have access to horse transport? Yes / No

Has horse/pony affiliated winnings? Yes / No

B.S. money won……………………………………… Currently registered? Yes/No
British Dressage points……………………………… Currently registered? Yes/No
British Eventing points…………………………….… Currently registered? Yes/No
Other (please state) ………………………………… Currently registered? Yes/No

Which of the following equestrian activities are you interested in? (Circle all those that apply)

Show Jumping Style Jumping Hunter Trials

Dressage Riding Test Horse Trials

PLEASE NOTE IF YOU WISH TO BE CONSIDERED FOR TEAMS YOU MUST ENCLOSE A COPY OF YOUR HORSES PASSPORT & VACCINATION RECORD, SCANS ARE ACCEPTABLE, EMAIL TO: zaraharrison85@gmail.com

**IT IS A CONDITION OF MEMBERSHIP THAT EACH MEMBER WILL HELP FOR AT LEAST 2 EVENTS FOR A MINIMUM OF HALF A DAY EACH TIME THROUGHOUT THE MEMBERSHIP PERIOD**

I wish to apply for Membership of the Dartford and District Riding Club.
I have read and agree to abide by the rules of the club,

Signed………………………………………………………………………………………..

Membership fees: £30-00

Junior Membership is under 18 as at 1st Jan in the year you join, please ensure you provide your date of birth if you are 18 or under

Please make all cheques payable to Dartford and District Riding Club

If paying direct to Club Account, Club Bank Details are:

Account Number: 28606753

Sort Code: 23-05-80

Please send screenshot of payment to show membership has been paid

Membership runs from 1st February to 31st January.

Members wishing to compete in team events must join or renew 21 days before the date of the qualifier they wish to compete in.

Please forward with application form (and cheque if applicable) to:
Zara Harrison

16 Cheriton Way

Allington

Maidstone

Kent

ME16 0PH

Membership information available on 07791104422
General Club information 07834 342073
Events and Competitions 07834 342073