



# Membership Application 2011

## TUNBRIDGE WELLS RIDING CLUB

Affiliated to the British Horse Society

### Please complete the following details in block capitals

Mr/Mrs/Ms/Miss ..... Surname..... Forename(s).....

Address.....

.....Postcode.....

Telephone No: (including code)Day:.....Eve..... Mobile.....

E-Mail Address ..... Junior – Date of Birth.....

(This may be used to provide you with information about clinics or events including short notice changes to the schedule)

I/We would like to apply for/renew membership of the Tunbridge Wells Riding Club and enclose the subscription of £ [ ] for the membership year ending 31<sup>st</sup> October 2011. (Cheques payable to Tunbridge Wells Riding Club).

### Please tick the appropriate membership category.

- |                          |                     |     |                          |                        |     |
|--------------------------|---------------------|-----|--------------------------|------------------------|-----|
| <input type="checkbox"/> | Adult Riding Member | £25 | <input type="checkbox"/> | Non Riding Member      | £10 |
| <input type="checkbox"/> | Family Membership*  | £50 | <input type="checkbox"/> | Junior Riding Member** | £20 |

(\*Please list family members below and state whether adult riding/junior riding/non-riding)

(\*\*NB: Junior membership is open to anyone aged 16 years or under as at 1st November 2010).

### Family members

Name	Adult / Junior	Junior DoB	Riding / Non riding

### In order that we can learn more about you, please complete the following:

- |   |  |
|---|--|
| <p>1) Horse's name and size .....</p> <p>2) What do you do with your horse?<br/>(please indicate at what level, e.g. affiliated, unaffiliated, novice etc)</p> <p>Dressage.....</p> <p>Showing.....</p> <p>Hunter trials.....</p> <p>Horse trials.....</p> <p>Show jumping.....</p> <p>Other.....</p> | <p>3) Would you like to represent the club in a team?<br/>If so, please indicate which discipline<br/>Dressage / Show jumping / Hunter trials / Horse trials / Equitation jumping</p> <p>4) Would you like to attend clinics organised by the club? If so, please indicate which<br/>Dressage / Show jumping / Cross country / Grid work</p> <p>5) Would you like the club to organise any other events, clinics or activities? If so, please indicate your suggestions below:<br/>.....<br/>.....</p> |
|---|--|

### I/We agree to abide by the rules of the club and to offer help in one of the TWRC organised event.

- |                          |                      |                          |                 |
|--------------------------|----------------------|--------------------------|-----------------|
| <input type="checkbox"/> | Broadfeed Challenges | <input type="checkbox"/> | Very Novice ODE |
| <input type="checkbox"/> | Open Show            | <input type="checkbox"/> | Hunter Trial    |

Please provisionally tick appropriate box indicating which event you would be available to help.

Signed..... Date.....

### Return to the Membership Secretary:

Mrs S Brookes 16 The Stennings, East Grinstead, West Sussex RH19 1PF.

Tel: 01342 302484