Phone
01564 770180

Solihull Riding Club

Fax
01564 774121

MEMBERSHIP APPLICATION

Please complete the details below and send to the office enclosing your payment.
Please note that we DO NOT pass on information to 3rd parties.

Title:		SURNAME:	
FORENAME:		Date of Birth:	
Address Line 1:		Daytime Tel:	
Address Line 2:		Evening Tel:	
Town / City:		Mobile Tel:	
Postcode:		EMAIL:	

EMERGENCY CONTACT	Name:	Relation:
Daytime:	Evening:	Mobile:

MEMBERSHIP TYPE: *(Please circle)*

JUNIOR RIDING	SENIOR RIDING	GROUNDS RIDING	NON-RIDING
Under 18 at 1st January	*Over 18 at 1st January*	*Restricted discounts*	*Former Riding Members*

PARENT or GUARDIAN

If Junior is under 14 at 1st January their Parent or Guardian must join if not already Senior Member in another category.

P/G Name:……

Address:……

……

……P/code:……

Tel No(s):……..

GROUNDS DOG-WALKING

Dog Type & Name:……..

Car Type & Reg No:……

PAYMENT TYPE: *(Please circle)*

CASH CHEQUE CREDIT / DEBIT CARD VOUCHER

STANDING ORDER (Date to start from:)

Signature: *(Parent/Guardian of Junior)*…… Date:……..

Proposed* by Member name:…… Signature:…….

Seconded* by Member name:…….. Signature:…….

** Applications must be proposed/seconded by current Members – Riding applications by Equestrian Members, others by any type.*

FOR OFFICE USE ONLY:

Expires:		SRC Mem No:		BRC Mem No:	