Chislehurst & Rushmore Equestrian Club

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| **Membership Form 2020** |

I wish to apply for/renew my membership of the CHISLEHURST & RUSHMORE EQUESTRIAN CLUB and enclose my subscription for the year ending **31st December 2020.**

Please complete both pages of the form and return to the Membership Secretary:

Andrew Squirrell, 156 Palace View, Bromley, Kent, BR1 3ER

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| --- | --- | --- | --- | --- |
| **Membership Type** | | | | |
| Please tick as appropriate | **If paying by standing order**  See page 3 for standing order form. | | **If paying by: Cash** ⭘  **Cheque** ⭘  **Bank transfer** ⭘ | |
| **Full Membership** | £22.50 | ⭘ | £27.00 | ⭘ |
| **Family Membership**  (Max 2 Senior & 2 Junior) | £37.50 | ⭘ | £37.50 | ⭘ |
| **Non-Riding Membership** | £12.00 | ⭘ | £12.00 | ⭘ |

**Cheques** should be made payable to Chislehurst & Rushmore Equestrian Club.

**Bank Transfers** payable to Chislehurst & Rushmore Equestrian Club, Account # 51266322, Sort Code 40-07-35, Reference MEMBERSHIP 2020

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| **Data consent**  Please tick to give your consent for the club to use and store your data on computer for these purposes | |
| Sharing with the Committee of Chislehurst and Rushmore Equestrian Club and British Riding Clubs for your registration as a BRC member.  NOTE: Without this we will be unable to process your membership with BRC. | ⭘ |
| Sharing with the Committee of Chislehurst and Rushmore Equestrian Club in order to send you newsletters, information about the club, events, help select clinics, instructors and event locations. | ⭘ |
| Sharing with BRC and other competition organisers as part of a competition entry. | ⭘ |
| Photographs and videos may be taken of club members at events. These may be used on the Chislehurst and Rushmore Equestrian Club social media channels, Club website and newsletter to promote the club and provide information about club activities. | ⭘ |

**IMPORTANT:**

* You can only compete for one affiliated Riding Club in any competition year.
* All horses/ponies must have a Valid Passport and a complete and current Flu Vaccination Record to compete at Area Events. Please note Chislehurst & Rushmore Equestrian Club are not responsible for ensuring your horse has up to date vaccinations.
* All clubs are required to provide volunteers for Area 10 Qualifiers. All Individuals/Team members will be required to help or provide helpers at Area 10 Qualifiers to compete for the Club.

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| **Personal Details**  For Family Membership please complete personal details for each member on a separate form. | |
| **Full Name** |  |
| **Full Address** |  |
| **Contact No.** |  |
| **Email** |  |
| **Date of Birth (if under 18)** |  |
| **Emergency Contact Details** |  |
| **Horse & Rider Details** | |
| **B.H.S. Qualifications:** |  |
| **Do you have your own transport?** |  |
| **Horse/Pony Registered Name:** |  |
| **Horse/Pony microchip Number:** |  |
| **Horse/Pony Stabled at:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Discipline** | **Level / Height**  **currently competing at** | **BD/BE Points**  **& BE Placings** | **Affiliated**  **Prize Money** |
| **Dressage** |  |  |  |
| **Show Jumping** |  |  |  |
| **Horse Trials** |  |  |  |
| **Riding Test** |  |  |  |
| **Style Jumping** |  |  |  |

**A copy showing all primary & booster vaccination dates with the horse/pony identification must be enclosed with this form if you wish to represent the Club at Area Events**

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| **Signed:**  **(Parent/Guardian to sign if under 18)** | **Date:** |

**STANDING ORDER MANDATE**

**Your Bank Details**

**To**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Account to be Debited | |  |  |  |
| Sort Code | |  |  |  |
| Account Number |  |  |  |  |

**Please pay HSBC BANK WOOLWICH SORTING CODE 40 - 07 - 35**

**Account Number 51266322**

**THE CHISLEHURST & RUSHMORE EQUESTRIAN CLUB**

**Quoting as reference your surname and initials …………………………………**

**THE SUM OF £22.50 TWENTY TWO POUNDS AND FIFTY PENCE**

**Commencing the Date …………… and thereafter every 15th January**

**Annually until further notice in writing.**

**Signature (S) …………………………**

Please complete this form and send one copy to your Bank and also a copy to the C&REC Secretary.