



British Reining

c/o 7 Whitehall Way, Sellindge, TN25 6ET

E: britishreining@aol.com

T: 01303 814879

W: www.britishreining.co.uk

TITLE	SURNAME	FORENAMES
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ADDRESS

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HOME TEL:

FAX:

E-MAIL:

MOBILE:

TYPE OF MEMBERSHIP	FEE	£
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PROFESSIONAL	£60	
NON PRO	£60	
OWNER	£60	
YOUTH	£60	
PARA	£60	
PARA SUPPORTER (NO VOTE)	£20	
OFFICIAL/JUDGE	£60	
ASSOCIATE (NON COMPETING NO VOTE)	£20	
PLEASE SELECT ONLY THE MOST RELEVANT	TOTAL	

HAVE YOU EVER BEEN A MEMBER BEFORE? YES / NO

MEMBERSHIP NUMBER:

DOB for Youth, Prime Time & Select Competitors

Date of Birth / /

Nationality (all applicants)

NRHA Member Membership No.

For Youth Parent/Guardian Name

Membership No.

EQUINE ANTI-DOPING AND CONTROLLED MEDICATION RULES
(Mandatory - application will not be processed if not completed)

I agree to be bound by the BEF Equine Anti-Doping and Controlled Medication Rules and the BEF Anti Doping Rules for Human Athletes as amended from time to time copies of which can be found on the British Equestrian Federation Website at www.bef.co.uk and will be supplied to me in paper format on request.

In the event that the person applying for membership is under 18 the parent or legal guardian signing on behalf of that person specifically agrees to accept primary responsibility for that person's compliance with the BEF Equine Anti-Doping and Controlled Medication Rules and that parent or guardian will be the Person Responsible for any Horse ridden vaulted or driven by that person for the purposes of those Rules.

Date

Signature

(if the person applying is under 18 the form must be signed by the parent or legal guardian)

TERMS AND CONDITIONS OF MEMBERSHIP OF BRITISH REINING

On becoming a member of British Reining I agree to be bound by the Memorandum and Articles (available on application or the website) and all Rules, Regulations and Bye-laws thereunder and I agree to be bound by the Rules laid out in the official Rules and Year Book of British Reining which is revised and published annually and I agree that the decisions of the Executive Board Stewards and other competent authorities of British Reining given in accordance therewith shall be binding Upon me and I Authorise my name to be placed on the Register of Members of British Reining.

Request for permission to hold and use your email address and mobile telephone number to enable us to contact you by electronic means. We will not pass your contact information to any 3rd Party, without your permission, it will be used solely to advise you of any information relevant to your membership or Association information. **I consent to my details being held by The Association and used to contact me by electronic means.**

Signature Name

Referred by:

PAYMENT BY:

CHEQUE ATTACHED

BACS LLOYDS BANK S/ 30-98-29 A/C 01156003

PAYPAL Chair@BritishReining.co.uk

I wish to become a member of British Reining of the type ticked above. I enclose my remittance which I understand will be returned to me should this application be rejected. I agree to abide by the terms and conditions laid out above. If under 18 to be signed by Parent /Guardian

Signed Name: Date