## MORAY RIDING CLUB MEMBERSHIP FORM 1 JANUARY 2020 TO 31 DECEMBER 2020

Title:		
Full Name:		
Address:		
_		
Date of Birth (Juniors only)		
	<b>EMERGENCY CONTACT</b>	
(In the event of a	an emergency it would be useful if you could prov	vide an emergency contact)
Full Name:		
Contact No:		
Contact No.		
	MEDICAL CONDITIONS	
Please let us know o	of any medical conditions you suffer from which y	you feel we should be aware of
	in the event of a fall/accident eg asthma, epilepsy	
M 10 11 6 3		
Medical Information		
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	MEMBERSHIP TYPE	
	Please tick the relevant box	
Riding Member (Adult)		£30
Riding Member (Junior), 12-18yrs at 1st January		£30
Non-Riding Member		£15
Non maing member		2.13
Plo	ease return this completed form by email of	or by post to
REBECCA GARNER, 8	TULLOCH PARK, FORRES, IV36 1AX Email: s	secretary@morayridingclub.org
Cheques should be made pa	ayable to MORAY RIDING CLUB and sent w	ith your form or you can make a bank
transfer using Acc	c. 00281285 Sort code 83 20 14 with the co	de: MEM2020 + your name.
D.		DV D4 66
PL	LEASE TICK IF YOU HAVE PAID	BY BACS
Your Personal Information		
	y to us may be used in a number of ways to facilitate yo Horse Society as a British Riding Club, your personal in	
	and they may share with associates for the purpose of f	
i.e.insurance providers.		
	you about your membership: for example, to ensure you iis includes sending you a regular magazine, email upda	
and publishing competition times an		aces, information on other membership benefits,
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Official use only		
Membership Number	Payment Recieved - cash or cheque	Month Sent to BRC