

MORAY RIDING CLUB MEMBERSHIP FORM

1 OCTOBER 2016 TO 30 SEPTEMBER 2017

Title: _____
Full Name: _____
Address: _____

Postcode: _____
Tel No: _____
Mobile No: _____
E-mail address: _____
Date of Birth (Juniors only) _____

EMERGENCY CONTACT

(In the event of an emergency it would be useful if you could provide an emergency contact)

Full Name: _____
Contact No: _____

MEDICAL CONDITIONS

Please let us know of any medical conditions you suffer from which you feel we should be aware of in the event of a fall/accident eg asthma, epilepsy, diabetes)

Medical Information _____

MEMBERSHIP TYPE

Please tick the relevant box

Riding Member (Adult)	£25	<input type="checkbox"/>
Riding Member (Junior), 12-18yrs at 1st January	£25	<input type="checkbox"/>
Non-Riding Member	£15	<input type="checkbox"/>
Please tick if you have been a member in the last 3 years		<input type="checkbox"/>

**Please return this completed form by email or by post to
JANE CLARK 2 CHURCH TERRACE, RAFFORD, FORRES, IV36 2RJ
01309 675706 jane.clark@dsl.pipex.com**

Cheques should be made payable to MORAY RIDING CLUB and sent with your form or you can make a bank transfer using Acc. 00281285 Sort code 83 20 14 with the code MEM2017 + your name.

Official use only

Membership Number

Payment Received

Month Sent to BRC