

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

For Office Use

Plese complete in block capitals

riese complete in block capitals						
INDIVIDUAL AN	NUAL MEMBERSHIP					
Title Fore	enames	Surname	Age on 01/01/2020 (If under 18)			
Address:						
		Postcode				
Homo Tolonhono		Makila				
Home Telephone		Mobile				
e-mail						
In case of en	nergency please give an emerg	ency contact and number				
Contact		Number				
If applying for Jumi	or Membership please give det	tails of responsible adult				
Name	C	ontact number				
Parental Consent – (Ap	oplicants aged over 18 may sign for	themselves)	_			
taking part in Club ac The Muirmill Equestria injury to their ponies of	ed above to be enrolled in The Mu tivities and understand that riding is an Club and that neither I nor they w or loss or damage to any of their eq a, I authorise the appointed Club offici	s a risk sport. I agree that they/I wi ill hold the Club liable for any perso juipment. If emergency medical/den	Il be bound by the Rules of nal injury to the Members or tal or veterinary treatment is			
Signed:			Date			

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Signed:

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