

# THE MARTLETS WESTERN RIDING CLUB

Please complete the following details in Block capitals and return to Susie Anderson.

Mr/Mrs/Ms/Miss.....Surname.....Forename(s).....

Address.....

.....

Postcode.....Youth's - Date of Birth.....

Telephone No:.....

E-mail Address.....

**(IMPORTANT FOR CLINIC TIMES OR SHORT NOTICE CHANGES TO THE SCHEDULE)**

I/We would like to apply for / renew membership of The Martlets Western Riding club and enclose the subscription of £.....for One Year's membership.

*(Cheques made payable to The Martlets Western Riding Club).*

Please tick the appropriate membership category.

- Adult Riding Member                   **£15**
- Youth Riding Member                   **£15**
- Non Riding Member                   **£15**

(Please list family members overleaf and state whether adult riding/youth riding/non-riding) (NB: Youth membership is open to anyone aged 10-16 years ).

**In order that we can learn more about you, please complete the following:**

- 1) Your Horse's name and Size.....
- 2) What do you do with your horse?
  - Reining
  - Western Pleasure
  - Horsemanship
  - Trail
  - English
  - Other.....
- 3) Would you like to represent the club in a team? If so, please indicate which discipline Reining/Western Pleasure/Horsemanship/Trail/English
- 4) Would you like to attend clinics organised by the club? If so, please indicate which Reining/Western Pleasure/Horsemanship/Trail/English

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**NEITHER THE MARTLETS WESTERN RIDING CLUB OR SUSIE ANDERSON ACCEPT ANY LIABILITY FOR THEFT. NOR DO THEY ASSUME OR ACCEPT DUTY OR RESPONSIBILITY FOR SAFETY AT THIS CLUB IN REGARD TO PARTICIPANTS OR ANY OTHER THIRD PARTIES, OR FOR THE HORSES OR OTHER PROPERTY THEREOF.**

Signature.....Date.....