MEMBERSHIP APPLICATION FOR	RM 1 st	January 2024 – 31 ^s	st December 2024
Mr Master Mr	rs	Miss	Other/None
Name:			
Email:			
Address:			
Town:			
County:	Post code:		
Tel:	Mobile:		
Date of Birth (if under 17 years):			
Previous Membership Number (if known):			
Type of Membership: (please tick)			
Junior: (under 18 years): £25 (£26.50]	PayPal)		
Adult: (18 years plus): £30 (£31.50]	PayPal)		
You can pay via PayPal by sending mone message indicating what the payment is for to cover transaction fee.			
Please make cheques payable to "EWSHO	OT RIDING CL	UB"	
Completed application forms should be returned to the address below or emailed to membership@ewshotridingclub.com :			
Linda Boman 17 Earlsbourne, Church Crookham, Flee Tel: 07976 408169	t, Hants, GU52	8XG	
As part of my membership of the club, I a judging and generally assisting at shows.	_	sist in preparing, dis	mantling, jump
Your privacy is very important to us. Plea	ase tick the follo	wing options as appl	licable:
☐ I do not object to data relating to me l	being held by Ev	wshot Riding Club.	
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	to the British H	orse Society, but no	other organisation.
☐ I am happy for Ewshot Riding Club to	o send me inforr	nation in an occasion	nal email.
Signed:			