



MEMBERSHIP APPLICATION FORM

| Member | |
|--|--|
| Name | |
| Address | |
| Home Phone No. | |
| Mobile Phone No. | |
| Date of Birth | |
| Experience of working with/riding horses/ponies | |
| Any health issues that may relate to Stable Club Activities | |
| Emergency Contact | |
| Name | |
| Address | |
| Phone No. | |
| Mobile Phone No. | |
| Parents/Guardians permission to join Stable Club and take part in Stable Club Activities | |
| Name | |
| Signature | |
| Date | |
| <p><i>Please note all Stable Club Members ride at their own risk. It may be advisable to take out personal accident insurance.</i></p> | |