



Bennison Adult Riding Club Inc.
Membership Application Form 2016-2017
www.bennisonarc.com

MEMBERSHIP APPLICATION FORM

(You must also complete and return the HRCV Annual Disclaimer statement with your membership application)

SURNAME

CHRISTIAN NAME (S)

ADDRESS:POSTCODE

TELEPHONE NO (BH):(AH):.....FAX:.....

MOBILE:.....CHAFF CHAT SUBSCRIPTION Y / N

EMAIL ADDRESS:.....

POSTAL ADDRESS:

.....POSTCODE.....

HRCV CARD NO (IF APPLICABLE).....

TYPE OF MEMBERSHIP: Circle appropriate: SENIOR, JUNIOR, ASSOCIATE, NON RIDING

PREVIOUS OR CURRENT LEVEL

RIDING YEARS OF EXPERIENCE

HRCV / EQUESTRIAN CLUB MEMBER (PREVIOUS OR CURRENT).....

AMBULANCE SUBSCRIBER: YES / NO

DO YOU HAVE FIRST AID QUALIFICATIONS? YES / NO IF YES, LEVEL:

IF YES TO ABOVE, CAN WE LIST YOU AS FIRST AID OFFICER AT ANY RALLIES YOU ATTEND? YES / NO

PROPERTY IDENTIFICATION CODE (PIC)

CONTACT PERSON/S IN CASE OF EMERGENCY: (Name & Contact Number)

.....

HORSE'S NAME/S.....

RIDING INTERESTS

PRIVACY LEGISLATION –HRCV MEMBER APPROVAL

“ARE YOU HAPPY FOR THE HRCV TO SUPPLY YOUR NAME AND ADDRESS DETAILS TO ANY CLUB,
HRCV OR EFA SPONSORS?” YES NO

SIGNED.....DATE.....

The Club or it's Committee or persons acting on their behalf shall not be held responsible for any accident or injury to any person or property however caused.