

LANARK RIDING CLUB MEMBERSHIP FORM



Date membership to be effective from 01/10/ | _____ Membership runs from 1st October for one year

Name _____

Address _____

_____ Post Code _____

Telephone No | _____ Emergency Contact No | _____

Email address _____

Please send Updates/Newsletters by Email or by Post

Any allergies or medical conditions? _____

Please select membership type: Adult: £20.00 or Junior: £10.00 under 17

Date of birth | ____ / ____ / ____ (Required for Juniors)

All subscriptions to be sent to: Sheila Alderson, 1 Marywood Square, Glasgow G41 2BW
Cheques made payable to **Lanark Riding Club**

General

I am interested in taking part in:

Hacking / Jumping / Dressage / Cross country / Trec / Other (please specify)

Helpers (all members are required to assist with at least one event)

I will help out with at least one of the following. Please specify month/s you will help.

Social / Jumping / Dressage / Schooling / Talks / Admin / Other (please specify)

I am interested in joining the organising committee? Leave Blank for No

Competing

I would like to compete in team events at Club level / Interclub level / Area level

In the following disciplines:

Showing / Jumping / Dressage / Cross country / Trec / Riding test Other (please specify)

My horse/pony has an up-to-date "flu" vaccination Leave Blank for No

What experience do you/your horse/pony have competing?

Riding Club

What would you like to see the riding club doing more, less or any of?

Any other comments?
