

'Membership' Application Form

(PLEASE COMPLETE ALL DETAILS IN BLOCK CAPITALS)

(MR/MRS/MISS/MS)

FORENAME.....

SURNAME.....

ADDRESS.....

POSTCODE.....

TELEPHONE NUMBER

PLEASE INDICATE WHICH HORSE YOU WOULD LIKE TO ADOPT:

MAGIC / DELILAH / BREE / TESS / ARCHIE / RIO / TWIRL / GINGER / MAXI

I ENCLOSE PAYMENT OF £25.00.

Please note that we will retain details of scheme members, as required to perform our duties. This data will be held securely and will only be shared with agencies as required by law.

.....
SIGNATURE OF APPLICANT OR PARENT/GUARDIAN IF UNDER 16 YEARS OF AGE

PLEASE RETURN THE COMPLETED FORM TO THE CENTRE.

MEMBERSHIP PACK CAN BE COLLECTED THE FOLLOWING WEEK