

MEMBERSHIP FORM 2020

BRANCH: Garth Hunt



This form contains seven sections.
Please complete all sections of the form. A red asterisk (*) indicates a mandatory field.

SECTION 1 - PARENT / GUARDIAN DETAILS

Title* Name*

Address*

Postcode* Home Phone Mobile*

Email*

SECTION 2 - MEMBER DETAILS

Please select your preferred membership type*: **Individual** £80 per riding member
£36 per non-riding member **Family** £200 total (maximum 5 members)

1	Member's Name*	Gender*	Date of Birth*	Membership Type* <input type="checkbox"/> Riding <input type="checkbox"/> Non-Riding
	Member's Email (optional - by providing this you consent to The Pony Club contacting the member by email)		Photographic Rights*† <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Requirements*‡ <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Member's Name*	Gender*	Date of Birth*	Membership Type* <input type="checkbox"/> Riding <input type="checkbox"/> Non-Riding
	Member's Email (optional - by providing this you consent to The Pony Club contacting the member by email)		Photographic Rights*† <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Requirements*‡ <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Member's Name*	Gender*	Date of Birth*	Membership Type* <input type="checkbox"/> Riding <input type="checkbox"/> Non-Riding
	Member's Email (optional - by providing this you consent to The Pony Club contacting the member by email)		Photographic Rights*† <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Requirements*‡ <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Member's Name*	Gender*	Date of Birth*	Membership Type* <input type="checkbox"/> Riding <input type="checkbox"/> Non-Riding
	Member's Email (optional - by providing this you consent to The Pony Club contacting the member by email)		Photographic Rights*† <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Requirements*‡ <input type="checkbox"/> Yes <input type="checkbox"/> No
(if you need to add more members, please continue on a separate sheet)			Total Membership Fee Due*	

SECTION 3 - BRANCH FEE

Some Branches charge a Branch Fee in addition to membership. The fee is applied once per membership.

Branch Fee	Number of memberships*	Total Branch Fee Due*	Grand Total Due* (Membership Fee + Branch Fee)
£5			

CONTACT ABOUT THIRD-PARTY OFFERS AND EVENTS

The Pony Club may wish to contact you by email with information about third-party events and activities, and the activities of its partners (who are both commercial businesses and organisations such as the British Equestrian Federation). Only The Pony Club will send this information in order to meet the legitimate interests of The Pony Club and its partners.

Please indicate whether or not you are happy to receive this content*: Yes No

† PHOTOGRAPHIC RIGHTS

Members and their person of parental responsibility give permission for any photographic and/or film or TV footage taken of persons or horses/ponies taking part in Pony Club activities to be used and published in any media whatsoever for editorial purposes, press information or advertising by or on behalf of The Pony Club and/or official sponsors of The Pony Club. I understand that The Pony Club will select photographs/footage for publication with care and respect for those shown. **Please indicate above whether or not you consent to photographic rights for each Member.**

‡ ADDITIONAL REQUIREMENTS

Please indicate above if each Member has any specific medical or other needs and the branch will contact you for further details.

Please return this completed form to: Membership Team, The Pony Club, Stoneleigh Park, Kenilworth, Warwickshire, CV8 2RW
or email a scanned copy to membership@pcuk.org

SECTION 4 - EMERGENCY CONTACT DETAILS

Emergency Contact 1 Name*

Emergency Contact 1 Phone Number*

Emergency Contact 2 Name (optional)

Emergency Contact 2 Phone Number (optional)

SECTION 5 - GIFT AID

As a Registered Charity, The Pony Club is able to treat the subscription as a donation, and to claim the notional tax under Gift Aid. We would be extremely grateful if you would complete the Gift Aid declaration below, which will enable us to do this. Please ensure the Gift Aid declaration is completed in full.

For the donation amount, please enter the total value of the membership fees paid overleaf.

I want to Gift Aid my donation of £ _____ and any donations I make in the future or have made in the past 4 years to The Pony Club. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Name of Donor: _____ Postcode: _____

Address: _____

Signed _____ Date _____

Please notify the charity if you want to cancel this declaration, change your name or home address or no longer pay sufficient tax on your income and/or capital gains. If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

SECTION 6 - DECLARATION

The person with parental responsibility for the Member(s) should review and sign the following declaration.

- I, the undersigned, agree to the person(s) named overleaf being enrolled as a Member of The Pony Club and agree to the Members' and Parents' Codes of Conduct as published on The Pony Club website. (<https://pcuk.org/parents>)
- I understand that riding is a risk sport and accept that the person(s) named overleaf will be taking part in Pony Club riding and associated activities, including the availability of online learning, as explained to me by The Pony Club Official/Coach/Centre Proprietor.
- I agree that they/I will be bound by the Rules of The Pony Club and neither I nor they will hold The Pony Club liable for any personal injury to the Members or injury to their ponies or loss or damage to any of their equipment.
- I agree to abide by any rules regarding safe and correct riding equipment (including footwear and hats) that the person(s) named overleaf must wear.
- If emergency medical/dental or veterinary treatment is required in my absence, I authorise the appointed Pony Club Official to obtain such treatment as they reasonably consider necessary.
- I, the undersigned, understand that The Pony Club will:
 - not share my personal information with a third party for the purposes of them contacting me directly.
 - share some personal information with its partners for data analysis/research and development purposes. Any organisation that personal information is shared with will have to comply with the requirements laid out under the General Data Protection Regulation for handling personal data.
 - use the personal data I provide for its registered purposes and as outlined in the privacy policy on The Pony Club website at <https://pcuk.org/privacy>

Signed (person with parental responsibility)*: _____ **Date*:** _____

SECTION 7 - PAYMENT

Please select your payment type*:

Credit/Debit Card
Please fill in details below

Cheque
Payable to "The Pony Club"

Card Type:

Visa Visa Debit Mastercard Mastercard Debit UK Maestro Phone me for card details

Card Number:

CVV Number:

Valid From:

 /

Expiry Date:

 /

Issue Number:

Name of Card Holder _____ Cardholder's Signature _____