THE BRITISH SHOW JUMPING ASSOCIATION

BSJA

APPLICATION FOR MEMBERSHIP

The British Show Jumping Association
National Agricultural Centre, Stoneleigh Park,
Kenilworth, Warwickshire, CV8 2LR.
Tel: +44 (0) 2476 698800, Fax: +44 (0) 2476 696685
E-mail: bsja@bsja.co.uk Website: www.bsja.co.uk

TITLE	SURNAME	MEMBERSHIP NO.	HAVE YOU EVER BEEN A MEMBER BEFORE? YES NO

FORENAMES

MAIDEN NAME?

ADDRESS

.....

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DATE OF BIRTH (ALL APPLICANTS)

__ __ / __ __ / __ __

Applicants for Junior, Junior Associate and Associate Membership **MUST** enclose a copy of their birth certificate

HOME TEL: .....

WORK TEL: .....

FAX: .....

MOBILE: .....

E-MAIL .....

For Junior & Junior Associates: Parent/Guardian Name	
Membership Number	

TYPE OF MEMBERSHIP	TICK	£	p
LIFE			
FULL JUMPING			
NON JUMPING			
OWNER			
ASSOCIATE			
JUNIOR ASSOCIATE			
JUNIOR			
REGIMENTAL			
SHOW SECRETARY			
PUBLICATIONS			
SHOW JUMPER **(FREE)**			
SHOW DIRECTORY			
Notes on Course Designing			
Health & Safety Guidelines for Shows			
Horse Record Printout			
FEES - Please refer to current price list.	**TOTAL**	£	

Show Directory

The BSJA Show Directory is produced monthly and contains the latest show venues and their dates. It gives details of affiliated shows taking place for the three months ahead of the date of publication, providing an invaluable guide for forward planning. the Directory also contains the latest ranking lists re-compiled every month, together with qualifying competition venues and other useful information.

If you do NOT wish to receive mailings from other organisations please tick the box ☐

I wish to become a member of the British Show Jumping Association of the type ticked above. I enclose my remittance which I understand will be returned to me should this application be rejected. I agree to abide by the terms and conditions laid out on the bottom of this form. I am aware that members may not compete as owner or rider or officiate in any capacity at shows which are not affiliated to the BSJA at which the prize money in any competition exceeds £10.00 in cash or in kind. I wish to pay by the following method:

CARDHOLDERS NAME

CARD NUMBER Cheque ☐ Credit Card ☐ Direct Debit ☐ VALID FROM EXPIRY DATE ISSUE NO

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TERMS AND CONDITIONS OF MEMBERSHIP OF THE BRITISH SHOW JUMPING ASSOCIATION

On becoming a member of the British Show Jumping Association I agree to be bound by the Memorandum and Articles (available on application) and all rules regulations and bye laws thereunder and I agree to be bound by the rules laid out in the official Rules and Year Book of the BSJA which is revised and published annually and I agree that the decisions of the Executive Board Stewards and other competent authorities of the Association given in accordance therewith shall be binding upon me and I Authorise my name to be placed on the Register of Members of the Association. N.B. We cannot accept **American Express**.

NAME	MEMBERS SIGNATURE	DATE