|  |  |  |  |
| --- | --- | --- | --- |
| MEMBERSHIP FORM 2024 | | | |
| DATE |  | | |
| NAME |  | | |
| ADDRESS |  | | |
| EMAIL |  | | |
| PHONE NUMBER | |  | |
| DOB FOR JUNIOR MEMBERS | | |  |
| **General Data Protection Regulation 2018**  **The personal data contained on this membership form will be processed for the specific purpose of**  **Caverswall Riding Club membership and will not be retained for longer than three years. The committee will keep this personal data secure and will endeavour to ensure that personal data is not shared.**  We need your consent to publish all photographs, competition results, newsletters, **reports and lists of helpers on the club website & social media.**  **If you are happy for us to process and store your data as above and to continue to share club information via the website as we have done previously, please tick this box.** | | | |

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| --- |
| This is a voluntary run Committee and if you as a member would be able to offer any help please state how below and we will contact you as required:  Set up shows Show Jumping Stewarding   * Logo    Description automatically generated with low confidenceA picture containing graphical user interface    Description automatically generated   General show day duties Car Park |

|  |
| --- |
| MEMBERSHIP FEE £10 PER COMPETITOR for the SHOWING SEASON 2024 ONLY |



Please send completed forms to membershipsCDRC@gmail.com

# Please make payment to Caverswall District Riding Club

|  |  |
| --- | --- |
| By Bank Transfer |  |
| Sort code - 30 - 96 -26 | Account number - 53999668 |
|  |  |
| Paypal |  |
| cdrc@caverswall |  |

**AGREEMENT**: I enclose my subscription and I agree to abide by the rules of Caverswall and District Riding Club.

Print Name :

Sign (Parent/Guardian):

Date:

PAID BY

|  |  |
| --- | --- |
| BANK TRANSFER |  |
| PAYPAL |  |
| CASH |  |

PROCESSED BY: MEMBERSHIP NUMBER: