***(1 April 2020 to 31 March 2021)***

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| --- | --- | --- |
|  | | **Membership Secretary**  Mrs Janet Ashdown 07737 671631  5 Meadow Way  Heathfield TN21 8AJ  [Jan.ashdown@hotmail.com](mailto:Jan.ashdown@hotmail.com) |
| **Name in Full** |  | |
| **Address**  **inc post code** |  | |
| **Telephone** | Landline: …………………………. Mobile: ………………………… | |
| **Email address** |  | |
| **D.O.B** (if under 18 years of age) |  | |
| **Insurance** | **Company Name:**  **Policy Number:** …………………………… **Expiry Date: .. / .. / 20..** | |
| **Member of British Carriagedriving?** | **Yes / No**  Membership Number …….. Full / Associate | |
| **Have you been assessed to carriage drive?** | Yes / No  If yes, by which Club | |

**Type of Membership Required: Tick as appropriate**

**Single £30.00 (reduced to £20.00 with BC Membership) ………………………**

**Junior (under 18 years of age) £25.00 (reduced to £15.00 with BC Membership) ………………………**

**Non-Driving £12.00 Single / £20.00 for Couple at same address ………………………**

**Family Membership £50.00 for 2 adult members & their children (under 18) at the same address & joining at the same time (less a further £10 discount if one or both adults BC Members)**

**………………………**

**Names of Second Adult & Children ………………………………………………………………………………..**

**Total Amount to be Paid Cheques payable to Weald Harness Club £ …………………….**

**Or by bank transfer to Weald Harness Club 30-92-36 00553526 quoting (Your) SURNAME/Membership**

**Data Protection Statement**

Weald Harness Club is affiliated with British Carriagedriving. The organisers of events run under BC rules all retain data provided by those entering such competitions, purely for Club use only. By completing the membership form and entering the club events and competitions, the member / competitor understands and agrees that:

* This data is used for organising and running of the Club and planning of future events
* The publication of results of the competitions and competitors on paper and electronic media
* The publication in any event catalogue of the county of residence of the competitor
* The use of the data for analysis purposes to include but not limited to location of competitors, travelling distances to events, number of competitors attended in current and previous years, performance of competitors at events

**I hereby agree to abide by the rules and regulations laid down by the Constitution of Weald Harness Club which can be found on the website www.wealdharnessclub.co.uk**

Signature: ………………………………………….. Date: .. / .. / 20..

**MEMBERSHIP QUESTIONNAIRE**

Please can you complete this questionnaire. It is intended to give the Committee some idea of your driving experience or, if an existing member, any changes to your current circumstances. The Committee can, in exceptional circumstances, request that new members undergo an assessment prior to attending an event.

We are delighted that you wish to join Weald Harness Club and look forward to seeing you at one of our events.

|  |  |
| --- | --- |
| Level of Membership sought | Driving member / non-driving member |
| How long have you been carriage driving? |  |
| Do you belong to any other driving club? | YES NO  If yes, which Club(s) |
| What turnout do you drive? | Single / pair / tandem / team / other (specify) |
| What size animal do you drive? | Shetland / pony / horse / heavy  Hands: / … cm |
| Have you had any formal carriage driving lessons? | YES NO  Given by  Would you like more? |
| Have you any BDS or carriage driving qualifications? | YES NO |
| Would you like to take a competence test? | YES NO |
| What events/drives do you usually take part in? | One day events / 2-day events / pleasure drives / showing / National BC events / International / training / RDA / Heavy Horses / other |
| Do you take part in any other equestrian events? | Jumping / eventing/ showing / dressage / le trec / other |
| Are you registered disabled or do you have any infirmities that may impair your ability to drive? Please give relevant details (we want to ensure we have enough help available for you) |  |
| We can offer mentorship for the first year of your membership. Would you like this? | YES / NO |
| Is there anything else that you would like to tell us? |  |
| Might you need any help with getting to or taking part at events? |  |
| How would you prefer to receive newsletters etc? | Email / Post |

Many thanks for your co-operation in reading and completing this questionnaire.

**This questionnaire has been completed honestly and to the best of my ability**

**Signed:** ………………………………………….. **Dated:** .. / .. / 20..