Name: Mr/Mrs/Miss/MS (delete as applicable)	Date of Birth. / /
Pony/Horse Passport Name:	
Address:	
Postcode:	
Contact no. (Mobile):	
E mail address:	
HELPING DUTY – I will commit to helping at one Area Qualifier that the club may have to reduce entries if insufficient helpers bring a helper with you, they do not have to be a member to he Signed	come forward – Please note, you may elp.
Payment Details: Cost of Local Junior membership is £22.00. Memmonths. Cheques to be made payable to Weaver Equestrian Riding forms to Sarah Weaver or Annette Coombes. Alternatively post app Coombes, 68 Grove Gardens, Market Drayton, Shropshire, TF9 1H	g Club (Shropshire). Please pass completed blication form and payment to: Annette
Please notify the secretary of any change in address etc. In ord date. Please provide the details of an alternative person to contact accident/emergency whilst riding for Weaver Equestrian Riding Clul	in the event of being involved in an
Name Tel	
Please indicate relationship to member	
Please tick box if you are not happy for the club to use your im	nage(s), on the club website and other
	n throughout the world and not just in the
	regarding competitions and Fund Raising
social media sites, incl Facebook  See GDPR Regulations be I understand that websites and other online media can be seen UK, where UK laws applies. Please tick box if you are not happy for WERC to contact you revents.	throughout the wo
n this membership form will be processe	ed for the specific purpose of British Riding C mmittee will take all necessary measures to
ep this personal data secure, and encrypted. The club will ensure that	

& 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 we