MEMBERSHIP FORM 2021 BRANCH: Morpeth Hunt



This form contains seven sections.

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

SECTION	NI-PARENI	/ GUARDIAN DETAILS						
Title*	Name*							
Address*								
Address								
Postcode*		Home Phone			Mobile*			
Email*								
SECTION	N 2 - MEMBEI	R DETAILS						
Please sele	ect your preferred	d membership type*:	Individu £80 per ridir £36 per non		er	Family £200 total	(maximum 5 m	embers)
Member	Member's Name*			Gender*	Date of Birth*		Membership Type	Non-Riding
1	Member's Email (opti member by email)	ional - by providing this you consent to	The Pony Club (contacting the	Photographic R Yes	ights*† No	Additional Requir	ements*‡ No
Member	Member's Name*			Gender*	Date of Birth*		Membership Type Riding	Non-Riding
2	Member's Email (opti member by email)	ional - by providing this you consent to	The Pony Club (contacting the	Photographic R Yes	ights*† No	Additional Requir	ements*‡ No
Member	Member's Name*			Gender*	Date of Birth*		Membership Type Riding	Non-Riding
3	Member's Email (opti member by email)	ional - by providing this you consent to	The Pony Club (contacting the	Photographic R Yes	ights*† No	Additional Requir	ements*‡ No
Member	Member's Name*			Gender*	Date of Birth*		Membership Type Riding	Non-Riding
4	Member's Email (optional - by providing this you consent to The Pony Club contacti member by email)			contacting the	Photographic R Yes	ights*† No	Additional Requir	ements*‡ No
(if you need	to add more mem	bers, please continue on a separa	te sheet)	Total N	Membership	Fee Due*		
SECTION	N 3 - BRANCH	1 FEE						
Some Branc	hes charge a Bran	ch Fee in addition to membership	o. The fee is ap	plied once per	r membership.			
Branch Fee		Number of memberships	*	Total Branch Fe	ee Due*		ind Total Due* embership Fee	+ Branch Fee)
£0							•	•
		RTY OFFERS AND EVENTS ontact you by email with informat	ion about thir	rd-narty events	and activities	and the acti	vities of its part	ners (who are
	· ·	and organisations such as the Bri						•
	_	of The Pony Club and its partners						
Please ind	icate whether or r	not you are happy to receive this	content*:	Yes N	lo			
Members a ponies taki ing by or or	ng part in Pony Clu n behalf of The Por	parental responsibility give permuber activities to be used and publishy Club and/or official sponsors of	shed in any m The Pony Clu	edia whatsoev b. I understand	er for editorial d that The Pony	ourposes, pr Club will se	ess information lect photograp	or advertis- hs/footage for
Publication	. with care and les	pect for those shown. Please indi	cate above W	metrier or not	you consent t	Pilotogia	Jine rights for t	acii Mellibel.
± ADDITIO	NAL REQUIREMEN	NTS						

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

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.

Pony Club. I am a UK taxpayer and underst	and any donations I make in the future or have made in the past 4 years to The tand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid ar 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.
- \cdot $\;$ 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*:
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SECTION 7 - PAYMENT

we will call you to arrange payment.

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

Please fill in your card details below. If you would prefer to give your card details over the phone, please tick the relevant box and