

**POACHER HARNESS CLUB**  
**NEW MEMBERSHIP / RENEWAL OF MEMBERSHIP FORM 2018**

PLEASE COMPLETE ALL APPLICABLE PARTS OF THIS FORM.

**ADDRESS FOR RETURN OF FORM:**

CAROL WOOD, MILL HILL, MARSH LANE, NEW HOLLAND, NORTH LINCOLNSHIRE, DN19 7PY.

**TELEPHONE:** 01469 533824 / 07967 191653

**DRIVER/GROOM SECTION**

I WISH TO APPLY TO JOIN THE "POACHER HARNESS CLUB". I UNDERSTAND THAT IT WILL BE NECESSARY TO HAVE PROOF OF CURRENT VACCINATION AGAINST EQUINE INFLUENZA FOR ALL MY ANIMALS THAT I WILL DRIVE IN CLUB EVENTS THIS SEASON AND THAT I MAY BE ASKED TO PRODUCE THESE AT ANY EVENT THAT I ATTEND.

**15 MONTH MEMBERSHIP FOR DRIVER & GROOM £40.** PLEASE MAKE CHEQUES PAYABLE TO **POACHER HARNESS CLUB.**

DRIVER NAME: .....

ADDRESS: .....

.....

TELEPHONE NUMBER: .....

EMAIL(IMPORTANT IN CASE OF CANCELLATION): .....

I AM/AM NOT A MEMBER OF BC (PLEASE QUOTE MEMBERSHIP NUMBER) .....

GROOM NAME & ADDRESS (YOU MAY CHANGE GROOMS DURING THE SEASON BUT PLEASE PUT THE NAME OF THE PERSON THAT YOU WISH TO NOMINATE AS YOUR MAIN GROOM AND WHO WILL BE A GROOM MEMBER OF PHC)

NAME: .....

ADDRESS: .....

.....

PHONE: ..... EMAIL: .....

I UNDERSTAND BY THAT BY SIGNING BELOW, I AM CONFIRMING THAT I HAVE CORRECT EQUINE FLU VACCINATION COVER FOR THE PERIOD OF MY 2017 MEMBERSHIP AND THAT I WILL BE WILLING TO PRODUCE THE NECESSARY DOCUMENTATION IF REQUIRED.

I HEREBY AGREE TO ABIDE BY PHC RULES OF COMPETITION AND BY THE PHC CONSTITUTION (2015)

IN ORDER TO COMPLY WITH THE DATA PROTECTION ACT 1998, WE NEED TO MAKE YOU AWARE THAT ANY DATA OR INFORMATION PROVIDED TO **POACHER HARNESS CLUB** FOR THE PURPOSES OF MEMBERSHIP AND OTHER **POACHER HARNESS CLUB** ACTIVITIES WILL BE STORED ON A COMPUTER DATABASE OR OTHERWISE. WE WILL NOT SHARE YOUR INFORMATION WITH ANYONE OTHER THAN **POACHER HARNESS CLUB** MEMBERS. PLEASE DELETE THE FOLLOWING STATEMENT AS APPLICABLE.

I **WILL** BE HAPPY / I **WILL NOT** BE HAPPY FOR MY CONTACT INFORMATION TO BE GIVEN TO OTHER CLUB MEMBERS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE COMPLETE THE SECOND PAGE OF THIS FORM. EXISTING MEMBERS NEED ONLY COMPLETE THE SECTION ON **HORSE/PONY** DETAILS.

**NB:** SUBJECT TO PREVIOUS DRIVING EXPERIENCE, AND IN ORDER TO COMPLY WITH **BC** TERMS OF INSURANCE, IT WILL BE NECESSARY FOR A YOU TO BE ASSESSED BY A **PHC** SAFETY ASSESSOR, PRIOR TO YOUR FIRST COMPETITION WITH **PHC** UNLESS YOU ARE CURRENTLY OR HAVE RECENTLY BEEN A FULL DRIVING MEMBER OF ANOTHER **BC** AFFILIATED CLUB OR HOLD AN **LHHI** QUALIFICATION.

DESCRIPTION OF TURNOUT:

BRIEF SYNOPSIS OF PREVIOUS DRIVING EXPERIENCE.

**HORSE/PONY DETAILS:**

NAME:

SEX:

SIZE:

PASSPORT NUMBER:

EXPIRY DATE OF VACCINATION:

**NOTE:** NEW MEMBERS MUST INCLUDE PHOTO COPIES OF VACCINATIONS & PASSPORT (RELEVANT PAGES SHOWING NAME & DESCRIPTION ETC)