

POACHER HARNESS CLUB
LIFE MEMBERSHIP RENEWAL OF MEMBERSHIP FORM 2021

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 OR 07967 191653

DRIVER/GROOM SECTION

I WISH TO CONTINUE MY LIFE MEMBERSHIP WITH 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.

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 MEMBER OF PHC)

NAME

ADDRESS

.....

PHONE NO:

EMAIL:.....

I UNDERSTAND BY THAT BY SIGNING BELOW, I AM CONFIRMING THAT I HAVE CORRECT EQUINE FLU VACCINATION COVER FOR THE PERIOD OF MY 2021 MEMBERSHIP AND THAT I WILL BE WILLING TO PRODUCE THEM.

I HEREBY AGREE TO ABIDE BY PHC RULES OF COMPETITION AND BY THE PHC CONSTITUTION (2020)

IN ORDER TO COMPLY WITH THE DATA PROTECTION ACT 2018, 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 HELD 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 SECTION ON **HORSE/PONY DETAILS** ON NEXT PAGE.

HORSE/PONY DETAILS:

NAME:

SEX:

SIZE:

PASSPORT NUMBER:

EXPIRY DATE OF VACCINATION:

:

SECOND HORSE/PONY DETAILS:

NAME:

SEX:

SIZE:

PASSPORT NUMBER:

EXPIRY DATE OF VACCINATION: