



## Application For Membership

Title: Mr Mrs Miss Ms    First Name: .....  
Surname: .....

Address: .....  
.....

Post Code: .....    Date of Birth: .....

Telephone:.....    Mobile: .....

Email: .....

Do you wish to receive newsletters by email? YES NO

How did you hear about GRC? .....

I wish to become a member of Gower Riding Club and, if accepted, I agree to respect and abide by the rules and regulations of the club. I understand that my membership of the GRC requests that I give active help at a minimum of one event or working party, during my membership period.

I enclose my membership fee, the sum of £30 (£25 membership plus £5 joining fee) which will be returned should my application be Declined. Please make cheque payable to 'The Gower Riding Club' and return to the Membership Secretary:  
Ms Josephine Davies, 42A Manselfield Road, Murton, Swansea SA3 3AR,  
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Membership runs from January 1<sup>st</sup> to December 31<sup>st</sup> annually and will be confirmed in writing on receipt of your membership card.

**PAID** by: BACS / CHEQUE / CASH

Signed: .....    Date.....  
(Parent or Guardian please sign on behalf of Junior Members)