



## MEMBERSHIP APPLICATION FORM

Full Name of Applicant (Mr/Mrs/Miss) / Sponsor :		
ID No.	Date turning 18 yrs :	e-mail :
Physical Address :		
Postal Address :		
Phone (h) :	(w)	(cell)

Please indicate the category of membership required by marking the appropriate box with an X.

Type of Membership	X	Fee	Number	Total
Associate Membership		500.00	0	0
Junior and Pony Riders under 16 (Free if parents are members)		200.00	0	0
Social Membership		200.00	0	0
Temporary Membership		100.00	0	0
Beaulieu Country Estate Owners (non-riders – cards only)		25.00	0	0
Total				0

### Payments can be made to:

Take Shape Properties 112 cc No2,  
Standard Bank Branch: 051001,  
Acc: 331325756,  
Current Account.

When making payment, please use your name and surname as reference and send application with proof of payment to [admin@equidome.co.za](mailto:admin@equidome.co.za).

I have read and agree to abide by the current Equidome Constitution. View Constitution on [www.equidome.co.za](http://www.equidome.co.za). I undertake to inform the Club of any changes in my particulars especially my address and e-mail address. I understand that routine communication from the office will be to my registered e-mail address, in line with the electronic communication policy of the organization. I hereby agree/ do not agree to receive communication from the Club regarding shows, events and general news.

\_\_\_\_\_  
Signature

Date : \_\_\_\_\_