

SAFE Membership for 1 April 2008 - 31 March 2009

A. Your Details

Mr/Mrs/Miss/Ms Forenames:	Surname :
Address:	
Post Code :	
Telephone number:	
Email (please print carefully):	

B. Type of Membership

Individual (£5) Family (£10)

If family membership, please specify names of family members below:

C. Place where you keep your horse & ride

Where horse kept:	Where you ride:
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D. Please circle below if you and/or (if family membership) your family members:

Are able to help with:	Path clearing	Table Top Sale	Fun Rides	Safe Publicity
Have an up-to-date full first aid certificate and are willing to provide first aid cover at fun rides.	Yes		No	

E. Payment

£5 (individual membership) or £10 (family membership)	£
Optional donation (all funds are used to improve facilities)	£
Total paid - please make <u>cheque payable to 'SAFE'</u>	£

Send form & cheque to 'SAFE', 31 Three Oaks Close, Bedwas, Caerphilly CF83 8HF

It is too late to join SAFE by standing order this year but for your convenience you can also complete the attached standing order mandate which will cover your membership for future years.

Standing Order Mandate:

1. To _____ Bank / Building Society
2. Full Address of Bank/Building Society _____
_____ Post Code _____
3. Name(s) of account holder(s)

4. Bank or Building Society Account Number _____
5. Sort Code (from right hand side of your cheque) _____

Please set up the following Standing Order to “Safety & Facilities for Equestrians” (SAFE) and debit my/our account accordingly. SAFE’s Bank Account Details:

NatWest: Cardiff North Branch, PO Box 246, 21 High Street, Llandaff, Cardiff, CF1 6YG

Account Number: 11020970 Sort Code: 53 70 30

6. Payment Details £5 (five pounds) / £10 (Ten Pounds) (delete as appropriate)

When paid : 1st April Frequency : Yearly Commencing: 1 April 2009 until further notice.

Confirmation I/we acknowledge that the Bank/Building Society will not undertake to - a. make any reference to VAT or other indeterminate element; b. advise payer’s address to beneficiary; c. advise beneficiary of inability to pay; d. request beneficiary’s banker to advise beneficiary of receipt.

7. Signature (s) _____
8. Name (please print) _____
9. Date _____

Please ensure that you have completed all 9 sections above.