



The Vale of Arrow Riding Club

(VOARC) Area 15

Membership Application Form

When completed please send to: Camilla Linton, Little Hope, Ullingswick, Hereford. HR13FJ

Fee £25 - cheques payable to VOARC.

BACS : Lloyds Sort code - 30 94 99 Account no - 00815690

Application for membership

Name

Address

Telephone (Landline)

(Mobile)

Email

Emergency contact details:

Vets contact details if appropriate:

Please indicate that you give permission for any photographs of you to go onto the website.

(If you were recommended to join by a VOARC member please put their name below)

If you are applying as a junior member (12 – 16) Please fill in your Parent/Guardians details below:

Parent/guardian name:

Address:

Contact details.



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Membership Questionnaire

Please fill in the survey and circle the appropriate response; this helps us design our programme for events. Happy Riding!

Training

I am interested in participating in training organised by the club.

Yes No

Which areas would you be interested in:

Dressage/ Show Jumping/ Cross Country/ Trec / other (please explain)

When are you able to attend events?

Monday am pm evening

Tuesday am pm evening

Wednesday am pm evening

Thursday am pm evening

Friday am pm evening

Saturday am pm evening

Sunday am pm evening

What type of lesson/ training do you prefer? Group/pair/ individual

Competing (please note you need to be a paid up member for at least a month prior to entries to be able to compete.)

1. Are you interested in competing for the club? If so which level? Area 15 /Mercian (if you are unsure please contact a committee member)

2. In what discipline?

Helping the club

1. Would you be interested in joining the committee? Yes No

2. Would you be interested in being on a register of volunteers, who can be contacted when we need help at events? Yes No

3. Do you have any specific skills or abilities that would be of help to the club?

Other information

1. Do you have any disability or medical condition that we should be aware of?

2. By which method do you wish to receive communications? Email or post?

Any other information you would like to give us.

Signed: