



# MEMBERSHIP FORM HORSE RIDING

<b>Membership No</b>				
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Member's Name : .....

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Address : .....

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NIC NO : .....

Phone (Residence) : ..... Phone (Mobile): .....

Nationality : ..... Phone (WhatsApp): .....

Email : .....

Date of Birth : ..... Age: .....

Occupation : .....

Gender :  Male  Female

Emergency Contact

Name : .....

Mobile : .....

I hereby confirm that the information above is correct.

.....

Date

.....

Signature

**For Official Use**

Member  3 Months  Payment  Riders Agreement