



INANDA RIDING CLUB MEMBERSHIP APPLICATION FORM 2020

PART A: PERSONAL DETAILS

Title:	First name(s):	Surname:
Date of Birth:	ID No.:	
FEI Licence No (if registered):	SAEF number (if available):	
Name / location of current stabling:		
Are you a member of another Club?	If Yes state your principal Club:	
Residential Address:		Postal Code:
Postal Address:		Postal Code:
Tel (H):	Tel (W):	
Cell:	Email:	

PART B: Inanda Riding Club REGISTRATION

Name of Club:	Inanda Riding Club	SAEF Club No.: GP0002
Registration fee 2020: R600 (Incl. VAT) - for non Inanda Club or Inanda Country Base members only		
Bank Details:	Inanda Club Show Account	
FNB:	Rosebank Branch	
Acc. no:	62027126053	
B/code:	253305	
NB: Please use your ID number as your payment reference		

PART C: SIGNED BY APPLICANT / LEGAL GUARDIAN

I hereby agree to abide by the Rules and Regulations of the South African Equestrian Federation and the Inanda Riding Club

Please forward Membership Application Form together with Proof of payment to: icb@inandaclub.co.za

Please indicate if this application is for a minor (under 18) (If so, the application needs to be signed by a legal guardian)

Name: _____ Date: _____ Signature: _____

Kindly Contact us if you have any queries: Tim: 082567 5747. Or Linda (9.30 -12.30) at office 073 689 3711

For Official Use:

Membership Application accepted (Yes/No) _____

IRC Membership Number: _____

Date: _____

