

participation • pride • welfare • safety • education 195-292 NPO

Membership Application Form 2024/2025

Pony Club year 1 October – 30 September

New member fee: **R380 per year + R75** joining fee (this includes a pony club badge) *Existing member fee*: **R380 per year** (1st child) **R350**(2nd child) **R330** (3rd child)

| BRANCH: | | | | | | | | | |
|---------------------|-----------|----|-----|---------------------|-------------|--|--|--|--|
| DETAILS OF MEMBER/S | | | | | | | | | |
| | MEMBER NA | ME | AGE | ID NO/DATE OF BIRTH | SA Citizen? | | | | |
| 1 | | | | | Yes / No | | | | |
| 2 | | | | | Yes / No | | | | |
| 3 | | | | | Yes / No | | | | |
| 4 | | | | | Yes / No | | | | |

| Do you own your own pony/horse? Yes/No | | | | | | | |
|--|--------------------|---|--|--|--|--|--|
| Are you already a member of SAEF? Yes/No | | | | | | | |
| Would you like to join the SAEF with the Pony Club as your club? | | | | | | | |
| Which SAEF discipline/s | Dressage Equitatio | n 🗌 Show Jumping 🗌 Other (please specify) | | | | | |

| MEDICAL AID DETAILS | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|
| Medical Aid Name | | Medical Aid No. | | | | | | |
| Primary member | | Any allergies, medical problems or medications we should be aware of? Yes/No (If yes, please explain) | | | | | | |
| Doctors name & Tel no. | | | | | | | | |

| PARENT / GUARDIAN DETAILS | | | | | | | |
|-----------------------------------|--|---------|--|--|--|--|--|
| Parent/Guardian name | | Cell No | | | | | |
| e-mail address | | | | | | | |
| Signature of Parent / Guardian | | Date | | | | | |

Indemnity

Neither the South African Pony Club, Regional Committees, nor its officials or representative shall be held responsible for any loss, damage, theft or injury sustained by any horse, rider, spectator or their property during the course of any rallies held.