THE MEDICAL EQUESTRIAN ASSOCIATION

Registered Charity No 328200

www.medequestrian.co.uk

APPLICATION FORM FOR MEMBERSHIP

Current Annual Subscription Rates – Membership runs from 1st January to 31st December

Individual Member - £25.00 **Combined Membership - £40.00**

(Couple – both medical professionals)

Newly qualified Doctors - £15.00 Associate - £12.50 (this is for the first two years after qualification) (Allied Professionals)

Please circle/highlight which membership category is appropriate above.

Full Name	
(with preferred title)	
Postal address	
	Post code
Email address	
Contact number	
Occupation incl.	
speciality/field of pract	ice
Registration Number	
(GMC or Allied Prof nur	nber)
General Information	
Do you ride horses	Do you compete regularly
If Yes – in which discipli	ine?
Last pre-hospital traum	a course attended:
•	work at: LIST BHA/POINT TO POINTS / BRITISH EVENTING/ PONY CLUB/RIDING
•	n will be forwarded to the Chair and Vice Chair of the MEA for approval. Onc will be asked to forward payment for your subs.

The Data Protection Act (1984) together with GDPR requires that members are informed that records are kept on computer for administrative purposes as well as e-mail addresses enter onto MEA mailing lists. No personal information is ever distributed to third parties without the member's prior explicit consent.

PLEASE RETURN COMPLETED FORM TO: honsec@medequestrian.co.uk

or by post to MEA Hon. Secretary, c/o Miss Gemma Pudney, Beechcroft Barn, Upton Lovell, BA12 0JW