



## MEMBERS CLUB APPLICATION FORM

**Name:** .....

**Address:** .....

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**Post Code:** .....

**Contact No:** .....

**Contact Email:**.....

**Credit Card Number:**

**Expiry Date:**

**Sec No:**

**Name on Card:**

Please complete above Credit Card details or send cheque payable to Fenning Farm with your membership application form. Send to: Fenning Farm, Chapel Lane, Ely CB7 5UL.

Please let us know which of the following you are interested in:

Interest	Yes/No
British Dressage	
Unaffiliated Dressage Series	
Dressage To Music	
Unaffiliated Show Jumping Series	
Clear Round Jumping	
Combined Training	
Arena Eventing	
Trail Blazers	
Showing Show	
Clinics	
Lessons	

Is there anything else you would like to see at Fenning Farm?

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**Signed**.....

**Date**.....

