TTR MEMBERSHIP FORM		TTR MEMBERSHIP FORM			
MR / MRS / MS / MISS (DELETE AS APPLICABLE)		MR / MRS / MS / MISS (DELETE AS APPLICABLE)			
FIRST NAME: SURNAME:		FIRST NAME:	SURNAME:		
Date Of Birth if Under 18:		Date Of Birth if Under 18:			
ADDRESS:		ADDRESS:			
Postcode: EMAIL: Required to receive regular updates.		Postcode: EMAIL: Required to receive regular updates.			
TEL: MOB:		TEL:	MOB:		
	MILY 25	TYPE OF MEMBERSHIP REQUIRED (DELETE AS APPLICABLE)	D: INDIVIDUAL £10	FAMILY £25	
If applying for family membership please give names and D.O.B (those U18) for those included below and state relationship to member listed above: DATE OF BIRTH NAME IF UNDER 18 RELATION				RELATIONSHIP	
Areas of interest: Please tick Dressage SJ Trec Showing Horseball XC Tuition	Camps	Areas of interest: Please tick Dressage SJ Trec Showing	Horseball XC	Tuition Camps	
PLEASE TICK IF YOU ARE ABLE TO HELP AT A SHOW		PLEASE TICK IF YOU ARE ABLE TO HELP AT A SHOW			
Are you a qualified first-aider? YES / NO		Are you a qualified first-aider? YES / NO			
If so, would you be willing to attend shows in this capacity YES/ NO		If so, would you be willing to attend shows in this capacity YES/ NO			
Thanks . All cheques payable to Twin Trees Ltd		Thanks . All cheques payable to Twin Trees Ltd			