



Office use only: Member Category: ..... Member Number: .....

## APPLICATION FOR SPS-BS MEMBERSHIP

The membership year is from 1<sup>st</sup> January to 31<sup>st</sup> December. Membership taken out after 1<sup>st</sup> October covers the annual subscription for the following year.

I/We wish to become a member of the Shetland Pony Stud-Book Society. I/We agree, if accepted, to pay the subscriptions as prescribed by the society and in all aspects to conform to the rules and bylaws of the Society.

I/We confirm that I have not at any time, in any jurisdiction, been charged with, or been convicted of, any offence involving cruelty to or neglect of animals.

I understand that all membership applications must be approved by the Council of the Shetland Pony Stud-Book Society who will be supplied with the details included in this application.

Title(s) & Full name(s).....

Address .....

.....

Postcode ..... Email .....

Telephone ..... Date(s) of Birth (*juniors only*).....

**Subscription rates:** Annual member: £40.00 Associate member: £30.00

Joint membership: £70.00 Life membership: £1000.00 Ten Year membership: £350.00

Registered Crofters may apply for: Annual Crofter: £30.00 OR Life Crofter: £450.00

Junior member (*under 16 years*): £17.50 Family membership (*2 adults & up to 3 children*) £90.00

**Joining fee: £20 payable by all classes of members on joining except Junior and Associate**

Membership type ..... £..... Joining fee £..... (*if applicable*)

(Registration number if applying for crofter membership .....)

**Please make cheques payable to the SPSBS and send to the address below.**

**\*\*Please read, complete and sign the reverse side of this form\*\***



# ***The Shetland Pony Stud-Book Society***

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**Data Protection:** Your details will be held by the Shetland Pony Stud-Book Society for administration purposes and will be included in the Society's annual Stud-Book.

No personal details will be shown on the online stud book except at your request.

Please tick the corresponding box for details you wish to be displayed:

- |  |     |
|--|-----|
| <input type="checkbox"/> Display ALL                 | (1) |
| <input type="checkbox"/> Display NONE                | (9) |
| <input type="checkbox"/> Name, mobile number, prefix | (2) |
| <input type="checkbox"/> Name & email                | (7) |

Our privacy policy is available on the website to view, or we can post a copy to you on request.

Signed ..... Date .....

Signed ..... Date .....

**Signature of parent/guardian for Junior application:**

Signed ..... Date .....