



Rider Application Form

TYPE OF MEMBERSHIP:

- BRM Basic Riding Member Intro
- ARM Advanced Riding Member
- SM Student Member
- YR Young Riding Member

Upload your photo

Name

Date of Birth Wedding Anniversary

Email Mobile no.

Profession

OFFICE ADDRESS:

Company

Designation

Address 1

Address 2

City

Pin

Phone (office)

RESIDENTIAL ADDRESS:

Address 1

Address 2

City

Pin

Phone (home)

TO BE FILLED BY STUDENT MEMBER/YOUNG RIDER // GUARDIAN:

Father's name <input style="width: 150px;" type="text"/>	Mother's name <input style="width: 150px;" type="text"/>
Father's mobile <input style="width: 150px;" type="text"/>	Mother's mobile <input style="width: 150px;" type="text"/>
Father's profession <input style="width: 150px;" type="text"/>	Mother's profession <input style="width: 150px;" type="text"/>

UNDERTAKING GIVEN BY THE APPLICANT:

I will not hold The Madras Riding School, its Members or Agents, responsible for any accident that I may suffer while on Horseback or in the Stables. I have read the rules and regulations and I am agreeable to the same.

Date

Signature of Applicant/Guardian

Proposed by (Committee Member):

Seconded by (Club Member):

Office use only: Date of interview Approved by

Comments