MASHONALAND BRANCH of the

ZIMBABWE EQUESTRIAN FEDERATION

P.O. Box BW 1091, Borrowdale, Harare

VEAR

Tel: +263 77 232 5144

MEMBERSHIP FORM

YEAR	20	016	This form MUST be completed in FULL . Please print.								
Surname:						First Names:					
Mr Mrs Miss Ma:						Other	Date of Birth:				
Title:		IVII	1011.5	141122	Master	Other		Day	Month	Year	
Occupation	1:					Nationali	ity:				
Address:									Telephone	Numbers	
Suburb							Hor				
Town							Woi				
							Cell				
Email Address							Fax				
Sponsor:]	Riding School:				
				Equ	uestrian C	Qualificati	<u>ons</u>				
<u>Level</u>						<u>Level</u>					
Coach:						Showjumping Judge:					
Course Designer:						Dressage Judge:					
Technical D	elegate:					Other:					
			Subscript	ion Fees							
Entrance F		\$ 40.00									
Re-joining f (Lapsed me		p)	\$40.00 \$								
Non- Riding Member			\$20	.00	\$						
Riding M	ember	Adult Junior Child	\$10	0.00 5.00 0.00	\$					ice use only:	
		Under 10		5.00					Red	ceipt number:	
Corporate Fee		-	\$50		\$						
Riding Sch	ool Fee		\$50	.00	\$						
Sports Council Levy		,	\$4.	00	\$				Date:		
			то	TAL	\$						
Ιι	undertake	e to abide by	y the Cons	titution ar	nd National	Regulatio	ns of the Zimba	abwe	Equestrian	Federation	
Signature A	pplicant:						Date	e:			
NEW MEN	NEW MEMBERS Proposed by:						Signature:				
ONL	ONLY: Seconded by:					Signature:					
Application approved/rejected				Dated:					Signature:		
at Branch Committee Meeting											